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ABSTRACT

The document contains materials needed to implement Project CHANGE (Concepts of Handicaps and Attitudes Need Guidance and Education), a curriculum designed to improve the attitudes of children in Grades K through 8 toward the disabled. Included are the program manual, assessment instruments, the resource file, and a scope and sequence chart. The program manual is divided into four sections: (1) development and purpose of Project CHANGE; (2) descriptions of program materials (including curricula, the media assessment list, the resource file, the teacher training manual, and scope and sequence chart); (3) descriptions of test instruments (teacher tests and student tests); and (4) project results for the 1978-81 period. Among results gathered over the 3 year duration of the project are the following: students enrolled in project classrooms demonstrated significant increases in both knowledge of and attitudes toward handicapped people when compared to control group students; project teachers demonstrated significant increases in knowledge of handicaps compared to control group teachers; and there was no significant difference in attitudes toward handicapped people between project teachers and control group teachers (possibly due to the fact that teachers began the program with very positive attitudes). Among assessment instruments included are the following: "Survey of Disabilities," "Attitudes Toward Disabled Persons," "Primary Skill Attainment List," "Primary Attitude Survey," "Skill Attainment Lists" for Grades 4 through 8, "Intermediate Attitude Survey," and "Junior High Attitude Survey." The resource file provides a compilation of speakers and agencies who represent the disabilities studied in the project and who may be available in the Chicago area. The scope and sequence chart keys Project CHANGE curriculum concepts to Illinois state board of education subject areas. (DB)

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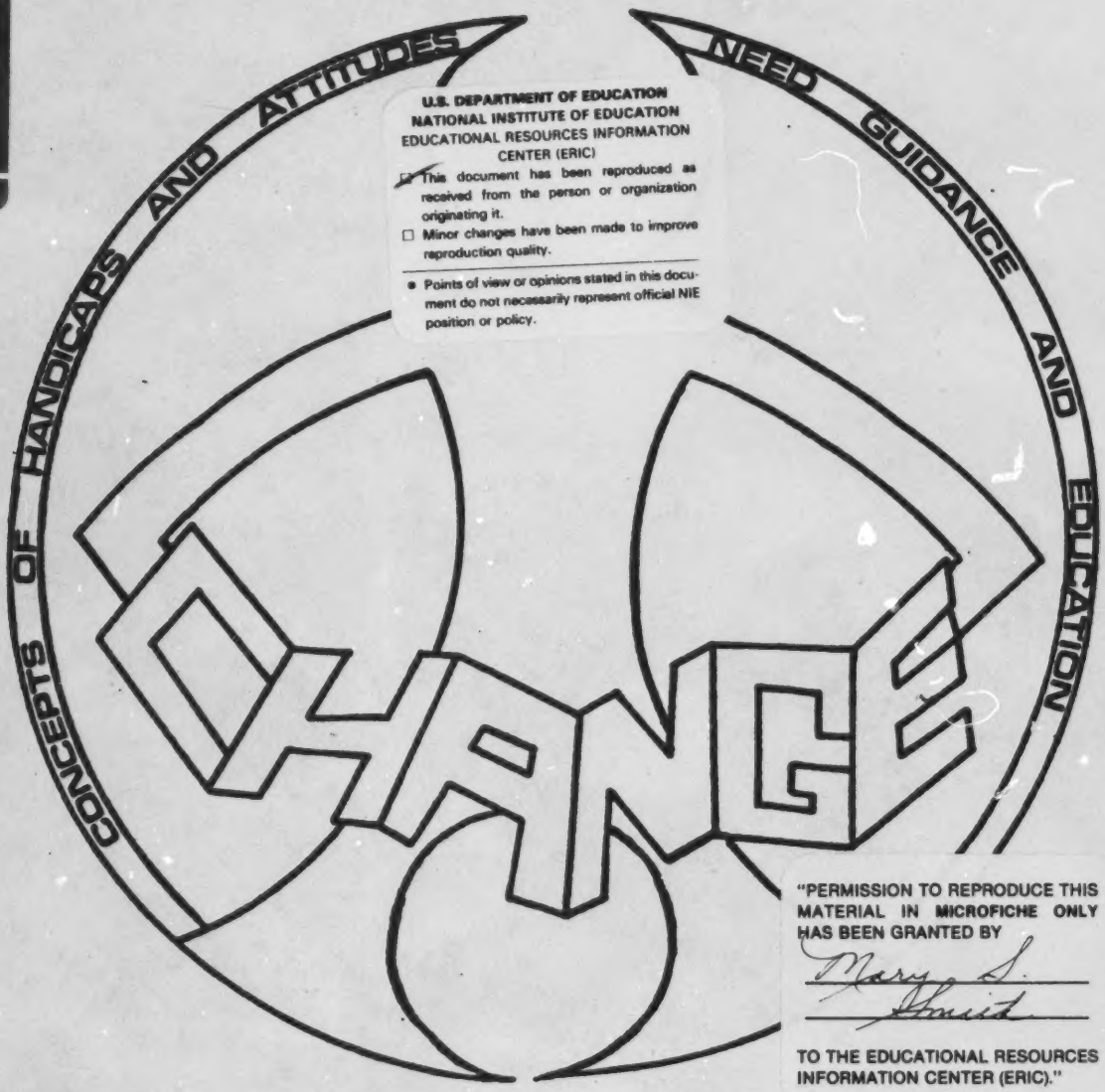
PROJECT



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Program Manual

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Scope And Sequence Chart

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Resource File

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KIT MATERIALS

The following materials are included in the Project C.H.A.N.G.E. Kit.

A. PROGRAM MANUAL

B. ASSESSMENT INSTRUMENTS

C. RESOURCE FILE

D. SCOPE AND SEQUENCE CHART

E. TEACHER TRAINING PROGRAM

F. PRIMARY CURRICULUM

1. Teacher Manual - Kindergarten
2. Teacher Manual - First Grade
3. Teacher Manual - Second Grade
4. Teacher Manual - Third Grade

G. INTERMEDIATE CURRICULUM

1. Teacher Manual - Fourth Grade
2. Teacher Manual - Fifth Grade
3. Teacher Manual - Sixth Grade

H. JUNIOR HIGH CURRICULUM

1. Teacher Manual - Seventh Grade
2. Teacher Manual - Eighth Grade

I. MEDIA ASSESSMENT LIST

PROJECT: C.H.A.N.G.E.

PROGRAM MANUAL

The purpose of this Program Manual is to familiarize school district personnel with the materials included in the Project C.H.A.N.G.E. Kit. This manual should be read while the reader has access to the rest of the materials in the kit. The manual is divided into four sections. These are:

I. Development and Purpose of Project C.H.A.N.G.E.

II. Descriptions of Program Materials

- A. Curricula
- B. Media Assessment List
- C. Resource File
- D. Teacher Training Manual
- E. Scope and Sequence Chart

III. Descriptions of Test Instruments

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I. The Development and Purpose of Project C.H.A.N.G.E.

The purpose of Project C.H.A.N.G.E. is to create positive attitudes toward handicapped people in our population. This is accomplished by providing non-handicapped children and their teachers with first-hand experiences and knowledge about the various handicapping conditions. The position taken by Project C.H.A.N.G.E. is that the fear and negativism that so many people feel toward the handicapped person can be reduced and replaced by positive attitudes if a systematized body of knowledge about handicaps is provided.

The development of Project C.H.A.N.G.E. has paralleled the development of significant changes in the Special Education of handicapped children. With the passage of Public Law 94-142 (The Education of all Handicapped Children Act) it has become mandatory for the public schools to provide special education services for all handicapped children between 3 and 21 years of age. This law further specifies that, wherever possible, handicapped children are to be educated along with their non-handicapped peers. While no one questions the spirit of the law, there remain some practical problems impeding its full implementation. For example, how can teachers of non-handicapped children, most of whom have had very limited coursework and experience with disabilities, be expected to provide a special education for handicapped children? An equally critical question is: How can non-handicapped children who also have limited knowledge and experience with disabilities, be expected to relate to handicapped children in ways that will ultimately benefit both groups? Project C.H.A.N.G.E. has been developed to answer these questions. It gives school districts a cost-effective way to foster healthy physical and psychological integration

of handicapped children into the educational mainstream. The program materials to be described in the next section of the manual are the result of a three year development program in Oak Lawn School District 122 which has been supported by a carefully controlled research design and analyses of data.

II. Descriptions of Program Materials

Project C.H.A.N.G.E. provides a sequentially organized, kindergarten through eighth grade curriculum. This curriculum is presented in three books which are: primary (K-3), intermediate (4-6), and junior high school, (7-8). Each of these levels is included in the kit. Following is a Program Description which lists the titles of the units at each grade level. A sequential development of knowledge is built from kindergarten through eighth grade. Each unit at a specific grade level includes:

A. Introduction, objectives, and concepts

B. Activities

C. Bibliography

The introduction provides the rationale and basic background information for the unit. The behavioral objectives state the desired student responses. The activities section is composed of a series of lesson plans. Each lesson plan includes:

A. Objectives-what the student should be able to do when the lesson is completed.

B. Materials-what is necessary to teach the lesson.

C. Procedure-specific suggestions on how to conduct the class activity.

PROJECT: C.H.A.N.G.E.
TITLE IV C ESEA

PROGRAM DESCRIPTION

Level: Primary Grade: K thru 3rd Units: Normal Health Senses Acceptance of Individual Differences Disabilities: Blindness Deafness Physical Handicaps Acceptance of Handicaps	Level: Intermediate Grade: Four Units: Acceptance of Self & Others (Handicapped & Non-Handicappe Physiology of the Eye Disability: Blindness Physiology of the Endocrine System Disability: Diabetes
Level: Intermediate Grade: Five Units: Acceptance of Self & Others (Handicapped & Non-Handicapped) Physiology of the Ear Disability: Deafness Physiology of the Oral Mechanism Disability: Speech Impairments	Level: Intermediate Grade: Six Units: Acceptance of Self & Others (Handicapped & Non-Handicappe Physiology of the Central Nervous System Disability: Epilepsy Basic Anatomy Disability: Physical Handica
Level: Junior High Grade: Seven Units: Acceptance of Self & Others (Handicapped & Non-Handicapped) Cerebral Function Disabilities: Mental Retardation Learning Disabilities Emotional Problems	Level: Junior High Grade: Eight Units: Acceptance of Self & Others (Handicapped & Non-Handicappe Review of Disabilities and Rehabilitation Health Careers (Handicapped and Non- Handicapped)

The curricula at all levels provide for various types of activities. These include: simulation activities where students experience handicapping conditions, filmstrips, movies, books, and guest speakers. The bibliography contains a brief synopsis of films, filmstrips, and books which are appropriate for the unit.

Along with the curricula included in the Project C.H.A.N.G.E. Kit is the Media Assessment List. This book was created as a comprehensive guide to materials which promote the philosophy of Project C.H.A.N.G.E. To be included in the listing, materials had to assist in the development of positive attitudes toward the handicapped and be related to the objectives of the Project C.H.A.N.G.E. curricula. The different types of material included in the listing are films, filmstrips, cassettes, records, books, games, charts, and brochures. The various uses of the Media Assessment List are specified in the introduction to the book.

Also included in the Project C.H.A.N.G.E. Kit is the Resource File. This booklet was designed to assist districts in locating guest speakers for participation in the program. In addition, a complete listing of agencies offering services to handicapped people is provided.

The project C.H.A.N.G.E. Teacher Training Manual is also included in the Kit. This book specifies the detailed procedures necessary to implement the program within a school district. It also contains copies of the lectures on various disabilities which make up the teacher training program.

The scope and sequence chart shows the relationship between the Project C.H.A.N.G.E. curriculum at grades kindergarten through eight and the topics to be included in the elementary health curriculum according

to the State of Illinois Document One. This chart indicates that Project C.H.A.N.G.E. provides a comprehensive coverage of health related topics for children in the elementary grades.

III. Descriptions of Test Instruments

School districts adopting Project C.H.A.N.G.E. that choose to gather data will be required to administer tests to teachers and students. This section of the Program Manual describes those tests and provides evidence on test reliability and validity. Copies of all tests are included in the kit in a separate packet.

A. Teacher instruments

1. Survey of Disabilities - This instrument measures knowledge of handicaps. It is a group administered, timed test (30 minute limit), consisting of 50 multiple choice questions.
2. Attitude Toward Disabled Persons (ATDP) - This instrument measures teachers' attitudes towards disabled persons. It is a 30 item questionnaire which is untimed and may be administered to groups of teachers.

B. Student instruments

1. Primary Attitude Survey - This instrument is designed to measure attitudes toward the handicapped in children enrolled in kindergarten through third grade. It is individually administered, untimed, and does not require an oral response.

2. Primary Skill Attainment List - This is an individually administered checklist designed to measure knowledge of handicaps in children in kindergarten through third grade. It is untimed and requires an oral response.

3. Intermediate and Junior High Attitude Surveys (Gr.4-8) These instruments are group administered multiple choice tests given by the classroom teacher. They are designed to measure attitudes toward the handicapped in the following areas: physical appearance, personality, expectance, marriage, and emotional capabilities.

4. Intermediate and Junior High Skill Attainment Lists (Gr. 4-8). These instruments are group administered multiple choice tests given by the classroom teacher. They are designed to measure knowledge of handicaps presented in the student curriculum.

Table A summarizes information relative to the Students Skill Attainment Checklists, Grades K-8. Included is reliability and validity data and the nature and scope of the tests at all grade levels. Table B presents the same information relative to the Student Attitude Surveys, Grade K-8. Tables C and D present similar information for the Teacher Survey of Disabilities and the Teachers Attitude Toward Disabled Persons.

IV. Description of Project Results

Project C.H.A.N.G.E. was developed in School District 122, Oak Lawn,

TABLE A
STUDENT SKILL ATTAINMENT CHECKLISTS (K-8)
(LOCALLY DEVELOPED)

INSTRUMENT	SUBJECTS	EXAMINERS	INTERVENTION	VALIDITY	RELIABILITY	NATURE	SCOPE
Skill Attainment Checklists Individual test K-3 Group Tests Grades 4 5 6 7 8	Experimental and Control K-8 students	K-3 Project staff and trained parents G 4-8 classroom teachers	Project C.H.A.M.G.E. student curriculum	Content Validity a. test items based on objectives of student curriculum per grade level b. average discrimination index per instrument ranges from 0.2 to 0.4 c. Non-project related university professors compared student unit objectives at each grade level with student curriculum to verify content validity of test instrument	Test-retest studies (one week interval) Correlations of tests per grade level range from 0.57 to 0.88 K - .81 1 - .86 2 - .88 3 - .72 4 - .60 5 - .57 6 - .57 7 - .80 8 - .65 Standard Errors of Measurement range from 1.41 to 2.69 K - 2.26 1 - 1.87 2 - 1.76 3 - 1.66 4 - 2.09 5 - 1.90 6 - 2.69 7 - 1.41 8 - 2.16		Number of items per area measured
						K-3	
						Normal Health	4
						Senses	4
						Acceptance of Individual Diff.	7
						Blindness	3
						Deafness	3
						Physical Handicaps	3
						Acceptance of Handicaps	4
						G-4	
						Accept. of Self & Others	5
						Physiology of the Eye	2
						Blindness	11
						Physiology of Endocrine System	4
						Diabetes	8
						G-5	
						Acceptance of Self & Others	3
						Physiology of the Ear	6
						Deafness	10
						Physiology of the Oral Mechanism	4
						Speech Impairments	7
						G-6	
						Acceptance of Self & Others	2
						Physiology of the Central Nervous Sys.	3
						Epilepsy	8
						Basic Anatomy	6
						Physical Handicap	11
						G-7	
						Acceptance of Self & Others	1
						Cerebral Function	7
						Mental Retardation	8
						Learning Disabilities	6
						Emotional Problems	8
						G-8	
						Acceptance of Self & Others	4
						Review of Disabilities & Rehab	23
						Health Careers (Handicapped & Non-Handicapped)	3

FREEDOM FROM OFFENSIVENESS	RANGE
Multicultural groups used in item analysis Readability ranges from one year below to six months above each grade level G4-8 except for medical terms Handicapped children included in administration of tests without negative feedback from students, parents (disabled & non-disabled) or teachers	Majority of items per grade level of moderate difficulty resulting in spread of scores

TABLE B
STUDENT ATTITUDE SURVEYS (K-8)
(LOCALLY DEVELOPED)

INSTRUMENT

Student Attitude Surveys

Individual test at primary level (K-3)

Group tests at intermediate level (G4-6) and junior high level (G7-8)

SUBJECTS

Experimental and control students at each grade level (K-8)

EXAMINERS

Project staff and trained parents at primary level (K-3)

Classroom teachers at intermediate (G4-6) and junior high (G7-8) levels

INTERVENTION

Project C.W.A.W.G.E. curriculum

RELIABILITY

Test-retest studies with one week interval

Reliability correlations per grade level range between 0.67 to 0.86

Grade	Correlation
K	0.67
1	0.79
2	0.75
3	0.85
4	0.69
5	0.77
6	0.73
7	0.68
8	0.86

Standard Errors of Measurement per grade level range from 3.71 to 8.26

Grade	Standard Error (Se)
K	5.42
1	5.18
2	4.93
3	3.71
4	8.26
5	5.05
6	6.50
7	7.64
8	5.24

VALIDITY

Test items based on objectives of student curriculum per educational level (primary, intermediate, and junior high)

Average discrimination index per test instrument ranges from 0.26 to 0.35

Non- project related university professors compared unit objectives at each level with curriculum to verify content validity of test instrument

NATURE

Attitude toward:

SCOPE

Number of items per area measured

	K-3	4-6	7-8
Physical Appearance	2	3	3
Personality	13	12	9
Expectations	10	15	16
Marriage & family	1	2	4
Emotional capabilities	5	3	3

FREEDOM FROM OFFENSIVENESS

Multicultural groups used in item analysis

Readability ranges from one year below to six months above each grade level G 4-8

Handicapped children included in administration of tests without negative feedback from students, parents (disabled & non-disabled) or teachers

RANGE

Majority of items per grade level of moderate difficulty resulting in spread of scores

TABLE C
TEACHER SURVEY OF DISABILITIES
(LOCALLY DEVELOPED)

INSTRUMENT	SUBJECTS	EXAMINERS	INTERVENTION	VALIDITY	RELIABILITY	NATURE	SCOPE
Survey of Disabilities 50 item objective test	Experimental and Control K-8 Teachers	Project Staff and local principals	Teacher Training Program	Content Validity Test items based on objectives of training program in amount and representation Average discrimination index for instrument 0.42 Non-project related University Professors compared Teacher Training Program objectives with curriculum to verify content validity of test instrument Construct validity groups of special education teachers consistently score higher than regular teachers and administrators	Test-retest study (one week interval) Reliability Correlation r = 0.85 Standard Error of measurement Se = 1.93 Inter-scorer reliability between secretary and project evaluator r = 0.997	Knowledge of causes and problems of handicapped Areas Measured Speech ..... 8 Learning Disabilities ..... 8 Hearing ..... 8 Physical Handicapped including epilepsy and diabetes ..... 7 Mental Retardation ..... 6 Behavior Disorder ..... 5 Vision ..... 5 Handicapped in general 3	Number of test items per area measured

FREEDOM FROM OFFENSIVENESS	RANGE
Multicultural groups used in item analysis Teachers of handicapped took test without any negative feedback	Majority of items of moderate difficulty resulting in spread of scores

TABLE D

TEACHERS ATTITUDES TOWARD THE DISABLED

INSTRUMENT	SUBJECTS	EXAMINERS	INTERVENTION	RELIABILITY	VALIDITY	NATURE (Attitude toward)	SCOPE (Number of items)
Attitude toward the Disabled Persons (ATDP)	Experimental and Control K-8 Teachers	Project Staff and local principals	Teacher Training Program	Test-retest studies with time intervals between 2 weeks and 18 months with the number of subjects ranging from 28 to 84 per study resulted in reliability coefficients ranging from .71 to .83.	Evidence for validity of ATDP is based upon construct validity. Authors of test reportedly compared ATDP scores with attitudes of prejudice	Physical Appearance	2
						Personality	8
30 item test (6 possible options per item)						Expectations	13
						Marriage	2
						Emotional capabilities	5
				Split half equivalence reliability studies with the number of subjects ranging from 42 to 296 per study resulted in reliability coefficients ranging from .72 to .89.	Non-project related university professors compared objectives of teacher training program with test to verify content validity of test instrument.		

FREEDOM FROM OFFENSIVENESS	RANGE
Teachers of handicapped took test without any negative feedback	Majority of items of moderate difficulty resulting in spread of scores.

Illinois. Since its inception in 1978, data has been gathered in order to measure gains that students and teachers have made in their knowledge of and attitudes toward handicapped people. This section of the Program Manual summarizes those results for you.

With two groups of individuals (non-handicapped children and their teachers) and two variables to be changed (knowledge of handicaps and attitudes toward handicaps) the result is that Project C.H.A.N.G.E. has four objectives. These are:

1. Students in experimental classrooms (K-8) will demonstrate a statistically significant increase (alpha = .05) in knowledge of handicaps over control group students after completing appropriate grade level units as measured by the Project C.H.A.N.G.E. Skill Attainment Checklists.
2. Students in experimental classrooms (K-8) will demonstrate a statistically significant increase (alpha = .05) in positive attitudes toward handicapped people after completing appropriate grade level units as measured by the Project C.H.A.N.G.E. Attitude Surveys.
3. Teachers of experimental classrooms (K-8) will demonstrate a statistically significant increase (alpha = .05) in knowledge of handicaps over control group teachers after completing the Project C.H.A.N.G.E. Teacher Training Program as measured by the Project C.H.A.N.G.E. Survey of Disabilities.
4. Teachers of experimental classrooms (K-8) will demonstrate a statistically significant increase (alpha = .05) in positive attitudes toward handicapped people over control group

teachers after completing the Project C.H.A.N.G.E. Teacher Training Program as measured by the "Attitude Toward Disabled Persons" (ATDP), Yukor, Block, Younng, (1970).

Over the three year duration of the project, a traditional experimental-control group design was utilized with both groups being administered pretests and posttests. The intervening variable for the students was the Project C.H.A.N.G.E. curriculum, and the intervening variable for the teachers was the Project C.H.A.N.G.E. Teacher Training Program. Tables E and F show the relationship between project objectives, data collection, and data analysis.

Results gathered over the three year duration of the project indicate the following:

1. Students enrolled in the Project C.H.A.N.G.E. experimental classrooms demonstrated significant increases in both knowledge of and attitudes toward handicapped people when compared to control group students.
2. Teachers participating in the Project C.H.A.N.G.E. Teacher Training Program demonstrated significant increases in knowledge of handicaps compared to control group teachers.
3. There was no significant difference in attitudes toward handicapped people between teachers participating in the Project C.H.A.N.G.E. Teacher Training Program and control group teachers. This lack of improvement in teacher attitude toward the handicapped must be viewed in light of the fact that teachers began the program with very positive attitudes. The initially high scores created a "ceiling

TABLE E

Chart A

RECORD OF DATA COLLECTION AND ANALYSIS

FOR STUDENTS

OBJECTIVE	EVALUATION INSTRUMENTS	DATA COLLECTION			DATA ANALYSIS	
		COLLECTED ON WHOM	WHEN COLLECTED	COLLECTED BY WHOM	HOW ANALYZED	ANALYSIS
Students in experimental classrooms (K-8) will demonstrate a statistically significant increase (alpha = .05) in knowledge of handicaps over control group students after completing appropriate grade level curricular units as measured by the Project C.H.A.N.G.E. Skill Attainment Checklists	Project: C.H.A.N.G.E. Skill Attainment List (at each grade level)	K-8 experimental students and internal and external control students	Before and after the student curriculum on handicaps	K-3 data by trained parent team and by Project Staff 64-8 data by classroom teachers	t-test of significance on pretest data between experimental and control groups to determine equivalency	.05 level of significance used in all calculations
Students in experimental classrooms (K-8) will demonstrate a statistically significant increase (alpha = .05) in positive attitudes toward handicapped people over control group students after completing appropriate grade level curricular units as measured by the Project C.H.A.N.G.E. Attitude Survey.	Project:C.H.A.N.G.E. Attitude Survey (at each level)				t-test of significance on posttest data between experimental and control groups to determine level of difference	

TABLE F

Chart A. RECORD OF DATA COLLECTION AND ANALYSIS

FOR TEACHERS

OBJECTIVE	EVALUATION INSTRUMENTS	DATA COLLECTION			DATA ANALYSIS	
		COLLECTED ON WHOM	WHEN COLLECTED	COLLECTED BY WHOM	HOW ANALYZED	ANALYSIS
Teachers of experimental classrooms (K-8) will demonstrate a statistically significant increase (alpha = .05) in knowledge of handicaps over control group teachers after completing the Project C.H.A.N.G.E. Teacher Training Program as measured by the Project C.H.A.N.G.E. Survey of Disabilities.	Project:C.H.A.N.G.E. Survey of Disabilities	K-8 experimental teachers and internal and external control teachers	Pre and Post the Teacher Training Program	Project Staff and principals	t-test of significance on pretest data between experimental and control groups to determine equivalency.	.05 level of significance used in all calculations
Teachers of experimental classrooms (K-8) will demonstrate a statistically significant increase (alpha = .05) in positive attitudes toward handicapped people over control group teachers after completing the Project C.H.A.N.G.E. Teacher Training Program as measured by the "Attitude Toward Disabled Persons" (ATDP), Yuker, Block and Younng (1970).	Attitude Toward Disabled Persons (ATDP) by Yuker, Block and Younng (1970)				t-test of significance on posttest data between experimental and control groups to determine level of difference	

effect" leaving little room for additional improvement. It is important to note that the initially favorable teacher attitudes were maintained throughout the program.

In summary, it has been shown that Project C.H.A.N.G.E. provides a method for changing student knowledge and attitudes toward the handicapped as well as knowledge of handicaps in teachers. Tables G, H, and I present data gathered during the most recent testing (1980-81) of program objectives.

We hope this Program Manual will help introduce you to Project C.H.A.N.G.E. If questions should develop as you become more familiar with the program, please contact the project office at:

Project C.H.A.N.G.E.
Harnew School
9100 South Austin
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Phone: (312) 599-2263

CONT = CONTROL
EXP. = EXPERIMENTAL

TABLE 6
STUDENT SKILL ATTAINMENT ANALYSIS - 1981 DISTRICT 122

GRADE LEVEL	NUMBER PER GROUP CONT & EXP.		PRETEST AVERAGES INTERNAL=I EXTERNAL=E CONTROL	EXPERIMENTAL	t-test	POSTTEST AVERAGES CONTROL	EXPERIMENTAL	t-test	EXPERIMENTAL MEAN GAIN	S	Se
K	71 & 80	I	5.15	5.58	NS	5.49	9.70	Sig .01	4.12	4.02	2.26
K	18 & 80	E	6.44	5.58	NS	5.70	9.70	Sig .01	4.12	4.02	2.26
1	70 & 70	I	8.03	8.13	NS	8.94	14.66	Sig .01	6.53	4.98	1.87
1	20 & 70	E	8.26	8.13	NS	9.05	14.66	Sig .01	6.53	4.98	1.87
2	35 & 40	I	10.41	10.31	NS	15.00	16.55	NS	6.24		
2	20 & 40	E	10.78	10.31	NS	11.75	16.55	Sig .01	6.24	5.65	1.76
3	48 & 39	I	12.39	13.26	NS	15.33	20.19	Sig .01	6.93	5.48	1.66
3	17 & 39	E	13.16	13.26	NS	13.65	20.19	Sig .01	6.93	5.48	1.66
4	103 & 98	I	11.50	11.95	NS	13.19	16.58	Sig .01	4.63	4.28	2.09
4	19 & 98	E	12.37	11.95	NS	12.74	16.58	Sig .01	4.63	4.28	2.09
5	101 &128	I	11.57	12.09	NS	12.39	14.70	Sig .01	2.61	4.25	1.90
5	28 &128	E	12.46	12.09	NS	13.46	14.70	NS	2.61		
6	95 &104	I	12.09	12.02	NS	12.44	15.39	Sig .01	3.37	4.70	2.69
6	31 &104	E	11.04	12.02	NS	11.98	15.39	Sig .01	3.37	4.70	2.69
7	52 & 43	I	10.38	10.51	NS	8.65	13.58	Sig .01	3.07	4.05	1.41
7	41 & 43	E	10.46	10.51	NS	7.73	13.58	Sig .01	3.07	4.05	1.41
8	34 & 34	I	12.15	12.09	NS	9.88	17.09	Sig .01	5.00	4.33	2.16
8	30 & 34	E	11.80	12.09	NS	9.80	17.09	Sig .01	5.00	4.33	2.16

TABLE G

STUDENT ATTITUDE ANALYSIS 1981 DISTRICT 122

GRADE LEVEL	NUMBER PER GROUP CONT & EXP.		PRETEST AVERAGES CONTROL	PRETEST AVERAGES EXPERIMENTAL	t-test	POSTTEST AVERAGES CONTROL	POSTTEST AVERAGES EXPERIMENTAL	t-test	EXPERIMENTAL MEAN GAIN	S	Se
1	27 & 30	I	53.56	53.53	NS	46.00	56.73	Sig < .01	3.20	12.70	5.18
1	14 & 30	E	52.21	53.53	NS	46.57	56.73	Sig < .05	3.20	12.70	5.18
2	25 & 17	I	50.88	51.24	NS	54.32	63.24	Sig < .05	12.00	10.65	4.93
2	16 & 17	E	52.06	51.24	NS	59.38	63.24	NS			
3	27 & 33	I	48.07	49.09	NS	59.07	71.52	Sig < .01	22.43	10.43	3.71
3	16 & 33	E	50.31	49.09	NS	64.44	71.52	Sig < .05	22.43	10.43	3.71
4	32 & 34	I	83.72	83.53	NS	84.75	92.74	Sig < .05	9.21	10.94	8.26
4	30 & 34	E	83.73	83.53	NS	87.30	92.74	NS			
5	48 & 64	I	85.92	85.05	NS	86.94	92.17	NS			
5	23 & 64	E	85.00	85.05	NS	85.39	92.17	Sig < .05	7.12	12.12	5.05
6	50 & 29	I	87.56	89.31	NS	89.88	97.93	Sig < .01	8.62	10.55	6.50
6	Grade 6 teachers at External Control District did not wish to participate in attitude portion of study										
7	31 & 32	I	68.29	68.19	NS	67.39	75.25	Sig < .01	7.06	9.88	7.64
7	29 & 32	E	67.41	68.19	NS	63.76	75.25	Sig < .01	7.06	9.88	7.64

TABLE H
STUDENT SKILL ATTAINMENT 1981

ADOPTER - SKINNER (EXP)

MC DADE (CONT)

GRADE LEVEL	NUMBER PER GROUP (C & E)	PRETEST AVERAGES			POSTTEST AVERAGES			EXPERIMENTAL MEAN GAIN	S	Se
		CONTROL	EXPERIMENTAL	t-test	CONTROL	EXPERIMENTAL	t-test			
1	24 & 19	14.08	12.63	NS	10.46	17.37	Sig .01	4.74	6.31	1.87
2	22 & 25	16.77	16.32	NS	13.91	17.96	Sig .05	1.44	6.35	1.76
3	23 & 25	17.39	18.12	NS	14.87	19.80	Sig .01	1.68	6.01	1.66
4	22 & 23	13.32	14.65	NS	14.64	20.35	Sig .01	5.70	1.53	2.09
5	11 & 21	13.91	13.90	NS	15.73	19.86	Sig .01	5.96	2.76	1.90
6	20 & 17	14.45	14.82	NS	16.65	21.53	Sig .01	6.71	3.16	2.69

TABLE H
STUDENT ATTITUDE SURVEY 1981

ADOPTER - SKINNER (EXP)
- MC DADE (CONT)

GRADE LEVEL	NUMBER PER GROUP (C & E)	PRETEST AVERAGES			POSTTEST AVERAGES					
		CONTROL	EXPERIMENTAL	t-test	CONTROL	EXPERIMENTAL	t-test	EXPERIMENTAL MEAN GAIN	S	Se
1	25 & 20	44.36	46.50	NS	46.60	60.95	Sig .01	14.45	16.09	5.18
2	22 & 24	54.73	52.73	NS	58.64	65.08	NS	12.35	10.25	4.93
3	20 & 23	59.70	60.70	NS	59.[illegible]	73.70	Sig .01	13.00	7.73	3.71
4	19 & 21	93.05	93.33	NS	90.95	99.81	Sig .05	6.48	10.52	8.26
5	22 & 22	90.73	93.45	NS	91.86	103.59	Sig .01	10.14	6.81	5.05
6	20 & 17	78.60	77.12	NS	83.85	97.12	Sig .01	20.00	8.53	6.50

TABLE I

PILOT ADOPTION - TEACHER DATA - 1981

GRADE LEVEL	NUMBER PER GROUP	AREA	PRETEST AVERAGES ADOPTER (McDade) CONTROL	PRETEST AVERAGES ADOPTER (Skinner) EXPERIMENTAL	t-test	POSTTEST AVERAGES ADOPTER (McDade) CONTROL	POSTTEST AVERAGES ADOPTER (Skinner) EXPERIMENTAL	t-test	EXPERIMENTAL MEAN GAIN	S	Se
1-6	6	Teaching Experience	13.00	14.67	NS						
1-6	6	Special Education Coursework	10.33	12.33	NS						
1-6	6	Survey of Disabilities Test	28.67	29.50	NS	31.50	42.17	Sig .05	12.67	5.00	1.93
1-6	6	Attitudes Toward Disabled Persons	125.83	125.50	NS	123.33	128.83	NS	3.33	—	—

PROJECT: C.H.A.N.G.E.
TITLE IV C

ASSESSMENT INSTRUMENTS

SURVEY OF DISABILITIES

ATTITUDE TOWARD DISABLED PERSONS

PRIMARY SKILL ATTAINMENT LIST

PRIMARY ATTITUDE SURVEY

SKILL ATTAINMENT LISTS

- GRADE 4
- GRADE 5
- GRADE 6
- GRADE 7
- GRADE 8

INTERMEDIATE ATTITUDE SURVEY

JUNIOR HIGH ATTITUDE SURVEY

PROJECT C.H.A.N.G.E.
TITLE IV C - ESEA

ADMINISTRATION INSTRUCTIONS FOR THE SURVEY OF DISABILITIES

Cover Sheet - Teaching Information

The cover sheet of the competency test is to be filled in by all who take the exam. After answering the description, the subjects are referred to their score sheets.

Score Sheet

On the score sheet only the name is to be filled in. The name goes in the appropriate space on the upper right hand side of the score form.

All answers are to be recorded on the score sheet with a No. 2 pencil. The only boxes that will be filled in are those numbered from 1 through 50. The number on the score sheet corresponds to the question number.

Attendance and Time

No writing is to be done on the test. Teachers are to be checked in on the monitor sheet. Absences should be marked. Time should be recorded in the number of minutes it took the subject to finish the test.

Only 30 minutes maximum is allowed for the exam. No one is to have more than 30 minutes. If people come in late, please record the time they entered so you may accurately give the 30 minutes time period allowed.

Scoring

The Survey of Disabilities is hand scored using a master key. One point credit is given for each correct answer. Subscores for each disability may be obtained by using separate keys available for that purpose.

PROJECT: C.H.A.N.G.E.

SURVEY OF DISABILITIES

INSTRUCTIONS

1. Write your name on the score sheet and on this booklet.

_____

2. Please answer all fifty items on the scoring sheet provided. Pick the one answer you deem correct or most appropriate for each item. You are encouraged to guess if you are not sure of a given item. There is no penalty for guessing.
3. Please work quickly and do not remain on any one item for a long period of time. Most individuals complete the test in twenty (20) minutes. Therefore, you will receive no more than thirty (30) minutes to finish all of the items.
4. Please return both the test items and scoring sheet when you are finished.

Check all appropriate responses:

I. Present employment

_____ Regular teacher

_____ Special teacher

_____ Other (Specify)

_____

II. Teaching Level

_____ Early childhood

_____ Primary

_____ Intermediate

_____ Jr. High

_____ Secondary

III. Years of teaching experience

_____ 1-5

_____ 6-10

_____ 11-15

_____ 16 or more

IV. Special Education Background

_____ Certification (specify areas)

_____

_____

_____

_____

_____

V. Hours of Coursework in Special Education

_____ 0

_____ 1-6

_____ 7-12

_____ 13-18

_____ 19-24

_____ 25 or more

1. Three types of articulation disorders are:

   a. omissions, hesitations, distortions
   b. omissions, substitutions, distortions
   c. omissions, prolongations, substitutions
   d. omissions, substitutions, hesitations

2. "Diagnosis for teaching" is frequently referred to as:

   a. process testing
   b. prescriptive teaching
   c. precision teaching
   d. none of the above

3. The endogenous casual factors for a hearing impairment are:

   a. genetic and heredity
   b. accident or injury
   c. disease and toxicity
   d. accident and disease

4. Which of the following must all diabetics use to control their diabetes?

   a. insulin
   b. pills
   c. diet
   d. exercise

5. Individuals with Down's Syndrome are commonly called:

   a. spastics
   b. mongoloids
   c. epileptics
   d. dwarfs

6. Which of the following statements regarding prevalence of emotional disturbance is <u>not</u> true?

   a. boys are more often labeled as disturbed than are girls
   b. U.S. Office of Education uses an estimate of 10 per cent
   c. greatest number are seen in the middle grades
   d. juvenile crime is increasing and becoming more violent.

7. It has become tradition to define children with visual disabilities on a medical and psychological basis according to:

   a. visual acuity
   b. master Ortho-Rater
   c. visual acuity and field of vision
   d. peripheral vision

8. Most of the current issues in special education revolve around:
   a. finances
   b. humanitarian concerns
   c. drugs
   d. normalization

9. The following organic disorders can cause articulation defects:

   a. cerebral palsy, cleft lip and palate, hearing loss, dental abnormalities
   b. hearing loss, voice disorder, aphasia, cerebral palsy
   c. cerebral palsy, aphasia, stuttering, cluttering
   d. cleft palate, aphasia, cluttering, non-fluency

10. The most prevalent type of academic problem found in learning disabled children is:

a. handwriting problems
b. arithmetic problems
c. reading problems
d. none of the above

11. Another name for finger spelling is the:

a. one hand manual alphabet
b. general signs
c. dexterity spelling
d. simultaneous method

12. Artificial body parts designed to help the handicapped function more normally are called:

a. residuals
b. crutches
c. prostheses
d. none of the above

13. A retarded individual can:

a. be normal in appearance and still be retarded
b. have related physical anomalies such as speech, hearing, vision, etc.
c. both of the above
d. neither of the above

14. Most of the children who are considered emotionally disturbed:

a. outgrow it by late adolescence
b. fall into the mild-moderate category
c. become increasingly neurotic
d. receive special education services

15. Legally blind children have:

a. central visual acuity of 20/200 or less in the better eye with glasses
b. visual acuity of 20/70 or less in the best eye with glasses
c. visual acuity of 5/200 or less without glasses
d. none of the above

16. Which of the following is <u>not</u> a problem concerning the implementation of mainstreaming?

a. preparation of regular education teachers
b. lack of litigation to support practices
c. undetermined placement criteria and procedures
d. lack of adequate educational planning

17. Functional speech disorders are most commonly caused by:

a. heredity
b. poor speech models or poor speech production habits
c. environment and heredity
d. organic factors

18. Research indicates that both stimulus reduction and drug treatment are most likely to result in increased:

a. academic achievement
b. attending skills
c. activity
d. all of the above

19. According to the official prevalence estimate of the United States Office of Education _____ of school-age children are hearing handicapped.

a. less that one per cent
b. approximately five per cent
c. approximately ten per cent
d. none of the above

20. The brief absences of consciousness which occur predominantly in children are referred to as which of the following types of epilepsy?

a. grand mal
b. psychomotor
c. petit mal
d. none of the above

21. _____ is a condition existing in a person when his overall intellectual behavior is subnormal in comparison to those of similar calendar age.

a. epilepsy
b. cerebral palsy
c. mental retardation
d. a learning disability

22. The majority of children with minor behavioral deviations are dealt with by:

a. child psychiatrists
b. psychologists
c. educators
d. social workers

23. The number of visually impaired children requiring special education services are:

a. 1 in 1,000
b. 1 in 100
c. 1 in 300
d. 1 in 3,000

24. An "expectational discrepancy" is:

a. when the behavior and adjustment expected of disabled persons are not consistent with what is actually observed
b. when the person's expectations are not fulfilled
c. when the family and the disabled person do not have the same goals
d. when a discrepancy in behavior is expected

25. The most common type of communicative disorder found in children is:

a. voice disorder
b. stuttering
c. articulation defects
d. shyness

26. Which of the following educational placements is most commonly used for learning disabled children?

a. residential school
b. resource room
c. special class
d. special day school

27. An audiogram is:

a. a chart plotting hearing threshold
b. a chart for plotting hearing pain
c. a machine for plotting charts
d. a machine for measuring hearing acuity

28. The side of the body weakened or paralyzed by stroke is:

a. the same side as the side paralyzed
b. not affected by the brain
c. the one opposite to the side of the brain area affected
d. dependent on the type of stroke

29. _____ retarded persons would be capable of learning self-help skills but would be expected to achieve only minimal independent behavior.

a. mildly
b. moderately
c. severely
d. profoundly

30. The percentage of the population who are emotionally disturbed is:

a. 2%
b. 16%
c. 34%
d. 54%

31. A research study found that the majority of legally blind students:

a. used guide dogs
b. were in special classes for the visually handicapped
c. had no sight
d. read print rather than braille

32. Which of the following statements regarding the cause of stuttering is true?

a. in most cases, the cause is unknown
b. in most cases, the stuttering is inherited
c. in most cases, stuttering is caused by underlying emotional conflict
d. in most cases, stuttering is caused by inadequate hemispheric dominance

33. Which of the following would <u>not</u> be characteristic of a learning disabled child?

a. poor motor coordination
b. blindness
c. distractibility
d. poor auditory discrimination

34. The term below which is <u>not</u> a degree of hearing impairment is:

a. marked
b. severe
c. mild
d. hyper

35. People who have cerebral palsy:

a. represent all levels of intelligence
b. have average intellectual ability
c. are mildly retarded
d. are severely retarded

36. Mildly retarded children are more likely to be placed in a (n)

a. special day school
b. residential institution
c. activity center
d. resource room

37. Rehabilitation for emotionally disturbed children and adults:

a. is readily available
b. is costly and hard to get into a program
c. is on an out-patient basis
d. is always available after institutionalization

38. Visual acuity is most often measured by the:

a. Jaeger chart
b. Snellen chart
c. Visual Efficiency Scale
d. none of the above

39. A voice disorder is:

a. any pitch, intensity, or quality characteristic of the voice that is atypical for the speakers age or sex
b. caused by a hormonal imbalance which thickens vocal cords
c. caused by paralysis due to medication
d. any hesitation and prolongation of voice sounds atypical for the speakers age or sex

40. Which of the following would <u>not</u> be considered characteristic of a learning disability?

a. neurological dysfunction
b. subnormal intellectual behavior
c. discrepancy between achievement and potentiability
d. poor academic achievement

41. Another name for lip reading is:

a. finger spelling
b. speech reading
c. voice modulating
d. speech modeling

42. People with epilepsy are:

a. born with it
b. have a brain tumor
c. mentally retarded
d. none of the above

43. According to the classification system used by educators, a child whose IQ is between 50 and 75 is classified as:

a. educable
b. trainable
c. custodial
d. feebleminded

44. Auditory reception can be defined as:

a. the ability to comprehend the spoken word
b. the ability to comprehend written material
c. the ability to express ideas fluently
d. the ability to express ideas in writing

45. _____ is an impairment of the ability to use or understand oral language.

a. Dysgraphia
b. Aphasia
c. Hypokinesis
d. Dyslexia

46. People who are deaf have the ability to lip read naturally:

a. yes
b. no
c. depends on the level of deafness
d. none of the above

47. If a child has a seizure in a classroom, the FIRST thing you would do is:

a. call a doctor and keep calm
b. try to restrain the person and keep calm
c. clear the area around the person and keep calm
d. force something between the teeth and keep calm

48. Stuttering is a communication disorder characterized by behavior that:

a. interferes with forward moving speech and is considered abnormal by the listener
b. is considered abnormal by the listener
c. interferes with connected speech
d. results in delayed speech

49. _____ is the process of detecting differences:

a. association
b. discrimination
c. sensation
d. conceptualization

50. A symbolized language which does not conform to the structure of English is:

a. finger spelling
b. sign language
c. one-hand manual alphabet
d. combined approach

PROJECT: C.H.A.N.G.E.
TITLE V C - ESEA
ATDP SCALE FORM A - B

Read each statement and indicate how much you agree or disagree in the appropriate column for each statement on the answer sheet. Do not make any marks on the statement sheets.

PLEASE ANSWER EVERY ITEM

1. Handicapped people are often unfriendly.
2. Handicapped people are more emotional than other people.
3. We should expect just as much from handicapped as from non-handicapped persons.
4. Handicapped workers cannot be as successful as other workers.
5. Handicapped people usually do not make much of a contribution to society.
6. Most non-handicapped people would not want to marry anyone who is handicapped.
7. Handicapped people show as much enthusiasm as other people.
8. Handicapped persons are usually untidy.
9. Most handicapped people feel that they are as good as other people.
10. The driving test given to a handicapped person should be more severe than the one given to the non-handicapped.
11. Handicapped people are usually sociable.
12. There are more misfits among handicapped persons than among non-handicapped persons.
13. Most handicapped persons do not get discouraged easily.
14. Most handicapped persons resent normal people.
15. Handicapped children should compete with normal children.
16. Most handicapped persons can take care of themselves.

17. Most severely handicapped people are just as ambitious as normal persons.

18. Handicapped people are just as self-confident as other people.

19. Most handicapped persons want more affection and praise than other people.

20. Physically handicapped persons are often less intelligent than non-handicapped ones.

21. Handicapped persons do not want any more sympathy than other people.

22. The way handicapped people act is irritating.

23. Handicapped persons can have a normal social life.

24. Most handicapped persons get married and have children.

25. Most handicapped persons do not worry any more than anyone else.

26. Handicapped people are not as happy as non-handicapped ones.

27. Severely handicapped people are harder to get along with than are those with a lesser handicap.

28. Most handicapped people expect special treatment.

29. Handicapped persons should not expect to lead normal lives.

30. Most handicapped people prefer to work with other handicapped people.

School_____

Name _____ Grade _____

ATDP SCALE FORM A-B
ANSWER SHEET

Use this answer sheet to indicate how much you agree or disagree with each of the statements about handicapped people on the attached list. Circle the appropriate number from +3 to -3 for each statement depending on how you feel in each case.

+3 I AGREE VERY MUCH
+2 I AGREE PRETTY MUCH
+1 I AGREE A LITTLE
-1 I DISAGREE A LITTLE
-2 I DISAGREE PRETTY MUCH
-3 I DISAGREE VERY MUCH

PLEASE ANSWER EVERY ITEM

(1)	-3	-2	-1	+1	+2	+3	(16)	-3	-2	-1	+1	+2	+3
(2)	-3	-2	-1	+1	+2	+3	(17)	-3	-2	-1	+1	+2	+3
(3)	-3	-2	-1	+1	+2	+3	(18)	-3	-2	-1	+1	+2	+3
(4)	-3	-2	-1	+1	+2	+3	(19)	-3	-2	-1	+1	+2	+3
(5)	-3	-2	-1	+1	+2	+3	(20)	-3	-2	-1	+1	+2	+3
(6)	-3	-2	-1	+1	+2	+3	(21)	-3	-2	-1	+1	+2	+3
(7)	-3	-2	-1	+1	+2	+3	(22)	-3	-2	-1	+1	+2	+3
(8)	-3	-2	-1	+1	+2	+3	(23)	-3	-2	-1	+1	+2	+3
(9)	-3	-2	-1	+1	+2	+3	(24)	-3	-2	-1	+1	+2	+3
(10)	-3	-2	-1	+1	+2	+3	(25)	-3	-2	-1	+1	+2	+3
(11)	-3	-2	-1	+1	+2	+3	(26)	-3	-2	-1	+1	+2	+3
(12)	-3	-2	-1	+1	+2	+3	(27)	-3	-2	-1	+1	+2	+3
(13)	-3	-2	-1	+1	+2	+3	(28)	-3	-2	-1	+1	+2	+3
(14)	-3	-2	-1	+1	+2	+3	(29)	-3	-2	-1	+1	+2	+3
(15)	3	-2	-1	+1	+2	+3	(30)	-3	-2	-1	+1	+2	+3

SCORING

A T D P SCALE FORM A -B

1. Change the signs of the positively worded items:

3	7	9	11
13	15	16	17
18	21	23	24
25			

2. Add all of the responses algebraically.
3. Change the sign of the algebraic resultant.
4. Add a constant of +90.

INTERPRETATION

Scores may range from 0 to 180 with a high score reflecting positive attitudes. A score that is high relative to other scores would indicate that the respondent perceives handicapped persons as being quite similar to non-handicapped persons. A score that is low would indicate that the respondent perceives handicapped persons as being "different" from non-handicapped persons. The difference perceived usually has negative connotations. Thus, a low score may not only reflect a perception that handicapped persons are different but also to some degree "inferior" or "disadvantaged".

PROJECT C.H.A.N.G.E.
- TITLE IV C ESEA
SKILL ATTAINMENT LIST
PRIMARY GRADES

Instrument description

The Skill Attainment List for Primary Grades is an individually administered test which is given by parents or volunteers. It is designed to measure knowledge of concepts presented in the Project C.H.A.N.G.E. curricula from kindergarten through third grade. The test consists of 28 questions and an oral response is required of the child. It usually takes no more than ten minutes to complete this test.

Materials

One copy of the test, two number two pencils, a Scantron card for recording responses, and a clipboard are required to complete one administration of the test.

Directions

1. Test one child at a time

2. Each child must have a chance to answer all 28 questions

3. Use the Scantron cards for scoring. Mark the A box if the child answers correctly. Mark the B box if the child gives an incorrect answer, answers incompletely, or does not answer. Use a number two pencil and fill in the boxes completely. Leave all other boxes blank.

4. The child's name and the teacher's name are to be written on the Scantron card. Write the child's name on the name line and the teacher's name on the subject line.

5. The wording to be used for each question is underlined for you. It is important that everyone ask exactly the same questions, so please do not deviate from the underlined words.

6. A question may be repeated once if you think the child has not heard you. Please do not wait more than a couple of seconds before going on to the next question if the child does not respond. It is very important that you do not prompt the child in any way.

7. Correct answers for each question and scoring criteria are listed for you under each question.

Scoring

The Primary Skill Attainment List is machine scored with the Scan Tron Test Scoring Computer. Each item marked "A" on the Scan-Tron Card is given one point credit.

PROJECT: C.H.A.N.G.E.
TITLE IV C ESEA

SKILL ATTAINMENT LIST
PRIMARY GRADES

1. Show me your: eyes, ears, nose, tongue, ankle, finger, arm, leg, hand, neck, teeth, wrist, thumb, elbow, toe, lips, heel, knee, chest, shoulders.

Mark the A Box only ------- if the child gets 16 or more out of the 20 parts correct.

2.

a. What do you see with?

Eyes

b. What do you hear with?

Ears

c. What do you feel with?

Fingers, Hands, or Skin

d. What do you smell with?

Nose

e. What do you taste with?

Mouth or tongue

---

3. On this question, the child must get at least one correct for each sense. In other words, go on to question four as soon as the child gets two wrong for any sense.

a. Which sense would tell you a stove is hot?

Touch

a. Which sense would tell you an ice cube is cold?

Touch

b. Which sense would tell you something you ate is candy?

Taste

b. Which sense would tell you something you ate is a lemon?

Taste

c. Which sense would tell you a person is wearing perfume?

Smell

c. Which sense would tell you a skunk is near?

Smell

d. Which sense would tell you the doorbell was ringing?

Hearing

d. Which sense would tell you a man was blowing a whistle?

Hearing

e. Which sense would tell you there are clouds in the sky?

Sight or vision

e. Which sense would tell you it is a sunny day?

Sight or vision

---

4. Can you name all five senses?

Sight/vision, hearing, smell, taste, touch

---

5. Tell me one rule for good health.

Enough sleep, shower or bath, brush teeth, exercise, regular visits to doctor or dentist, good grooming, and balanced meals

---

6. Tell me two other rules for good health.

Enough sleep, shower or bath, brush teeth, exercise, regular visits to doctor or dentist, good grooming, and balanced meals

---

7. What would be good to eat for dinner or supper?

Child must name one each from dairy, bread, fruits or vegetables, and meat or fish

---

8. Can you tell me three safety rules?

Look before crossing street, be careful when swimming, walk bike across street, stay away from dogs and strangers

---

9. Tell me two ways people are alike.

Physical characteristics:
eyes, ears, size
Environmental characteristics:
have families, go to school, live in home or apartment
Experience common feelings:
happy, angry, afraid

Child must name two ways or receives no credit.

---

10. How are people different?

Age, hair, size, color, fingerprints

11.

a. What kinds of feelings do you have?

Child must name any two from: anger, happiness, sadness, fear, lonliness

b. What kinds of needs do you have?

Child must name one from: food, sleep, home, friends, family, acceptance

Both parts (2 feelings, 1 need) of the question must be answered for credit.

12.

a. What kinds of feelings do other people have?

Child must name one from anger, happiness, sadness, fear, loneliness

b. What kinds of needs do other people have?

Child must name one from: food, sleep, home, friends, family, acceptance

Both parts (1 feeling, 1 need) of the question must be answered for credit.

13.

a. What are you good at?

School work, sports, any hobby

b. What is hard for you?

School work, sports, tying shoes, any chore

Both parts (2 answers) of the question must be answered for credit.

---

14. How do you feel about people who are different?

Like, dislike, afraid, any other answer either positive or negative

---

15. How would it help you to like someone who is different from you?

Getting to know about them would make me less afraid. (Knowledge removes fear)

---

16. What is a handicap?

Blind - - - can't see
Deaf - - -- can't hear
Physical- - can't walk

---

17. What is blindness?

Not being able to see

---

18. What two problems do blind people have?

Crossing street, getting lost, working, reading, writing, cooking, eating

Must name two for credit.

---

19. What two things can blind people do to help themselves?

Use braille, use a cane, use a guide dog, ask a person for help

Must name two for credit.

---

20. What is deafness?

Not being able to hear

---

21. What two problems do deaf people have?

Talking, working, driving

Must name two for credit

---

22. What two things can deaf people do to help themselves?

Reading lips, wearing a hearing aid, using sign language

Must name two for credit

---

23. What is a physical handicap?

Not being able to move or use a part of the body. Do not accept broken leg or crutches

---

24. What two problems do physically handicapped people have?

Walking, eating, or any other problem related to moving

Must name two for credit.

---

25. What two things can physically handicapped people do to help themselves?

Using a cane, ramp, wheelchair, prosthesis

Must name two for credit.

---

26. How are handicapped people just like you and me?

Same feelings, needs, physical, social, and emotional characteristics

---

27. Would you be friends with a handicapped child?

Yes

28.

a. Do all people like handicapped people?

No

b. Why don't some people like handicapped people?

They are different, look different, talk funny, can't see or move

Must answer both questions for credit.

PROJECT: C.H.A.N.G.E.
TITLE IV C - ESEA
PRIMARY ATTITUDE SURVEY

INSTRUMENT DESCRIPTION:

The Primary Attitude Survey is an individual multiple choice (5 option) thirty item instrument designed to provide an estimate of a non-handicapped subject's attitude toward handicapped individuals. A non-verbal - motor response (pointing to the picture plate) is the only requirement of the subject.

This instrument is not timed but generally requires seven minutes per child, after the pre-training session.

MATERIALS:

The Primary Attitude Survey question sheet, the large Pre-training Primary Attitude Survey Picture Plate, a score card for each subject, a number 2 pencil and small picture plate for each examiner and a clipboard per examiner are required materials for survey administration.

PRE-TRAINING:

A group pre-training session is administered prior to the survey. The pre-training session is generally ten (10) minutes per class. The large Primary Attitude Survey Picture Plate is used in class demonstrations.

Place the large picture plate in an area where it is visable to all students in the class. Explain the process of a survey by saying, "today some people are going to ask you questions to see how you feel about something. This is called a survey. Most of you have seen surveys on television or in shopping centers and just didn't know what the word survey meant. For example, sometimes on a TV commercial or in a store a person will ask people the kind of soap they would rather use, this soap or that soap."

The examiner continues saying, "In another survey they ask people whether or not they think their family would rather eat potatoes or stuffing. Whoever they ask then tells the person what they would rather have to eat. How many of you have seen some kind of survey like this?" (Ask the subjects to raise their hands if they are familiar with the examples).

The examiner continues saying, "I want you to look at all of these pictures (using large picture plate). In the first circle, (point to circle A) we see two people - these people are blind." Ask subjects if they know what the word blind means. If they do, go to the next circle (C). If they do not, say, "blind people are people who cannot see."

The examiner then points to circle C. "In this circle there are two ordinary people. The word ordinary here means they are normal or have no problems with their bodies." The examiner points to circle E. "In this circle, these two people are deaf." Ask subjects if they know the meaning of the word deaf. If they do, go on to circle D. If they do not, say, "deaf people are people who cannot hear."

(Examiner points to circle D). "Now look at circle D. There are two people who are physically handicapped. A physically handicapped person may not be able to walk, move an arm or a leg, or may have lost an arm or leg".

Point to circle B. "This is the everybody circle, one person from each group is in the everybody circle". Illustrate this by pointing from the A, C, E, and D circle to show the person in B circle which corresponds.

The examiner tells the subjects, "these are the answer choices for the questions we are going to ask you. I will point to each circle and we will say the word which goes with each circle five times. Let's start now (ex., blind, blind, blind, blind, blind)." Do this with each circle.

Tell the subjects, "I will ask some of you to come up and point to the circle of the word I say". Call a subject to come up. Ask subject to show you the everybody circle. Do this once for each circle. If more repetitions are necessary continue until subjects have a clear understanding of the word and its correspondance to the appropriate circle.

In Kindergarten and First Grade rooms, you may wish for all subjects to point to a circle. Other subjects can applaud when the appropriate response is given. This is an effective reinforcement at the Kindergarten, 1st grade level and in primary special education classes.

ADMINISTRATION: Instructions for individual examiners.

1. This survey is to be administered to each subject individually after the pre-training session check to see if the subject needs more familiarization with the picture plate.

   Examiner: "I want you to look at all the pictures on this plate" (point to each picture circle as you describe it). "The first circle shows two people who are blind. Now look at this circle, it shows two people who are ordinary". Continue in this fashion until all five picture circles are described. If the subject needs this information to be repeated now or at any time during the survey, repeat the information.

1. Make sure the subject is told, "now I am going to ask you some questions to see how you feel. Look at all the pictures before you point". Read the first item and then say, "did you look at all the pictures?" If the subject says no, tell him to look at all the pictures, then repeat the statement before you record the response.

3. DO NOT PROMPT the subject or give any further explanation of the statement, other than those included in the script.

RECORDING: Scan-tron card

1. Make sure the subject's name, the teacher's name, and the grade is written on the response card.

2. Mark the box (A, B, C, D, E) of the picture the subject points to next to the corresponding statement number. The boxes are to be completely darkened by using a number 2 pencil. Response numbers 1 through 30 should be marked for each child.

Scoring

The Primary Attitude Survey is hand-scored, Alternative B is given three points credit; Alternatives A, D, and E are given 2 points credit; and alternative C is given 1 point credit minimum and maximum scores are 30 and as respectively.

PROJECT: C.H.A.N.G.E.
TITLE IV C - ESEA
PRIMARY ATTITUDE SURVEY

1. Who would you like as your friend? Point to the picture.

2. Who can do the same things as you? Point to the picture.

3. Who is a good as you? Point to the picture.

4. Who would you let help you with schoolwork that you did not understand? Point to the picture.

5. Who could do as good in school as you? Point to the picture.

6. Who do you think is like you? Point to the picture.

7. Who is as friendly as you? Point to the picture.

8. Who would you like to play with? Point to the picture.

9. Who do you think could be happy? Point to the picture.

10. Who do you think could feel sad? Point to the picture.

11. With whom would you share your toys? Point to the picture

12. At whose house would you like to stay overnight? Point to the picture.

13. Who would like to be told they have done a good job? Point to the picture.

14. Who would you like to sit next to in school? Point to the picture.

15. Who would look as nice as you do when going somewhere special? Point to the picture.

16. Who feels good about themselves and likes themselves? Point to the picture.

17. Who could have the same kind of job that you could? Point to the picture.

18. Who is as smart as you? Point to the picture.

19. Who would you choose as your partner in a game? Point to the picture.

20. Who would you like to have as the other children in your class? Point to the picture.

21. Who would be able to play the piano? Point to the picture.

22. Who might need extra help with their schoolwork from the teacher? Point to the picture.

23. Who would you like to help? Point to the picture.

24. Who do you think has the same kind of feelings as you? Point to the picture.

25. Who can marry and have a family? Point to the picture.

26. Who could be a teacher? Point to the picture.

27. Who would you invite to your birthday party? Point to the picture.

28. Who can take care of themselves (dressing or washing)? Point to the picture.

29. Which new students would you like to have as your friends? Point to the picture.

30. Who would feel badly if they could not do something well? Point to the picture.

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62

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PROJECT: C.H.A.N.G.E.
TITLE IV C - ESEA
ADMINISTRATION OF SKILL ATTAINMENT LIST

INTERMEDIATE AND JUNIOR HIGH LEVELS

Instrument Description

The Skill Attainment List is a group test which is administered to the class by the teacher. This instrument is designed to measure the concepts in terms of the curriculum objectives at each grade level.

Materials

The examiner has a copy of the Skill Attainment List for the appropriate grade level.

Students must have a score sheet and a number two (No. 2) pencil.

Score Sheet

On the score sheet, only the name is to be filled in by the student. The name goes in the appropriate space on the upper right hand side of the score form.

All answers are to be recorded on the score sheet with a No. 2 pencil. The number on the score sheet corresponds to the question number.

If the students are not familiar with this type of score sheet, please draw the following example at the board:

	A	B	C	D
1.				

The E box on the score sheet is not used. This is a multiple choice test with only four alternative answers.

After drawing the example at the board, read the following statements:

1. The sum is:

   a. rectangular
   b. square
   c. round
   d. oval

Let one subject go to the board and color in the appropriate space. If necessary, please repeat the demonstration until satisfied that the students understand the correspondance of the number of the question to the answer and the relationship of their letter choice.

General Instructions

Each subject is to receive a score sheet. Only the examiners will have a copy of the test questions. The examiner is to inform the subjects to respond to each question even if they are not sure of the answer.

The examiner is to tell the subjects to remember that the E box will not be used on the score sheet. This should help the students in not losing their place and filling in an inappropriate answer space.

The examiner is to tell the subjects, "I will read the questions twice. The first time just listen, the second time - please mark the box for your answer choice on your score sheet. Remind students to make their marks within the lines and to press hard so answers are legible. It is permitted for the examiner to repeat the question more than twice upon the request of a subject."

The examiner must also tell the subjects, "I cannot explain any of the question choices or terms to you. Please guess. It is important for you to answer each question."

Scoring

The intermediate and junior high level Skill Attainment Lists are machine scored with the Scan Tron Test Scoring Computer. Each correct item is given one point credit.

PROJECT: C.H.A.N.G.E.
TITLE IV C - ESEA
EXAMINERS RECORD

INTERMEDIATE AND JUNIOR HIGH LEVELS

Examiner: _____ **Grade/Section:** _____

Building: _____ **Students:** _____

Date: _____ **Absences:** _____

Time: _____

Roll

The examiner is to record the number of students who are present to take the test in the appropriate space above. Students who are not present on the day of testing do not have to take the test. Please indicate absences on a class list or write the names of those who were absent below. Students who are not present for the pre-test cannot be included in the post-test statistically (even though they will be allowed to take the post-test with the class). The recording of absences is important in the data collection process. Students who have special classes or appointments may also be excused if their supportive service time is in conflict with the time at which the test is being given.

Absent Students:

_____ _____

_____ _____

_____ _____

Time

Time should be recorded in the number of minutes it took the class to finish the test.

Material Return

Please package the Examiners Record, the test or survey, and the student score sheets in the envelope given to you. Return these to the school office. They will be picked up by Project C.H.A.N.G.E.

The Attitude Survey may be given any day of the week during the week of _____.

The Skill Attainment Checklist can be given any day during the week of _____.

Test packages must be in the school office on _____ no later than _____.

PROJECT: C.H.A.N.G.E.
TITLE IV C - ESEA
SKILL ATTAINMENT LIST - GRADE 4

1. Feelings are experienced by:

   a. some people
   b. by everyone except the retarded
   c. all people
   d. only sad people

2. Emotions are:

   a. results from our dreams
   b. feelings people have about other people, the surrounding world and themselves
   c. problems we encounter
   d. experiences of the world

3. It is acceptable for people to have feelings:

   a. sometimes
   b. never
   c. only when they are sad
   d. all the time

4. The best way to deal with our feelings is to:

   a. start a fight
   b. hug someone
   c. ignore them
   d. understand them

5. When people have an understanding of their own feelings:

   a. they have choices of ways to express those feelings
   b. they are in a constant state of conflict
   c. they experience more
   d. they are always the underdog

6. When people are in public (ex. - a party) they should:

   a. express their feelings any way they want
   b. express their feelings in an appropriate manner
   c. control all feelings
   d. not have more than one feeling

7. The opening in the eye which opens and closes to adjust to strong or weak light is called the:

   a. pupil
   b. cornea
   c. optic opening
   d. eye muscle

8. The nerve which is attached to the retina and carries the image seen in the brain is called the:

   a. nerve cells
   b. vitreous humor
   c. pupil
   d. optic nerve

9. Blindness is:

   a. total darkness
   b. the partial or total loss of the ability to see
   c. 20/20 vision
   d. not seeing from birth

10. A legally blind person's central visual acuity is:

   a. 20/200
   b. 20/20
   c. 20/2000
   d. 40/400

11. To be congenitally blind means:

   a. to be blind after birth
   b. have cataracts
   c. to become blind at the age of 20
   d. to be born blind

12. A person who loses his sight through accident, injury or disease has:

   a. congenital blindness
   b. acquired blindness
   c. economic blindness
   d. is not really blind

13. A disease which causes blindness is:

   a. glaucoma
   b. chicken pox
   c. meningitis
   d. eye strain

14. Diabetes causes blindness:

   a. in all cases
   b. in a few cases
   c. in many cases
   d. never causes blindness

15. When helping blind people get around, it is good to:

   a. walk next to them
   b. walk slightly in front of them, allowing the blind person to take your arm
   c. push them in the right direction
   d. let the blind person go first

16. The most life threatening situation for blind people is to find themselves:

   a. in water
   b. on stairs
   c. in a fire
   d. falling

17. One aid used in writing by the blind is:

a. a special pen
b. a stylus
c. a special notepad
d. chalk

18. Blind people are not born with:

a. a sense of rhythm
b. a specialized sense of touch
c. intelligence
d. feelings

19. The gland which controls the rate at which the body uses food and oxygen is the:

a. the islets of langerhans
b. the adrenal gland
c. the thyroid gland
d. the pituitary gland

20. The islets of langerhans produce:

a. insulin
b. gastric juices
c. growth hormones
d. dangerous poisons

21. The islets of langerhans are located in:

a. the brain
b. the pancreas
c. the right arm
d. the stomach

22. The two glands which secrete hormones which enable a person to react quickly during danger or fright are:

a. the pituitary and thyroid glands
b. the two islets of langerhans
c. the adrenal glands
d. the insulin making glands

23. The patient with diabetes cannot make use of:

a. proteins and vitamins
b. medicine
c. starches and sugars
d. any foods

24. The most severe form of diabetes is:

a. diabetes insipidus
b. maturity onset diabetes
c. old age diabetes
d. juvenile diabetes

25. Diabetes is not:

a. found in women
b. contagious
c. found in men
d. a human disease

26. It is important that a diabetic:

a. learn to take a blood sample
b. eat a lot of food
c. stay away from others
d. test his urine daily

27. Acidosis or diabetic coma may occur when:

a. a person doesn't get enough sleep
b. there is too much insulin in the blood
c. a person forgets to take his medicine
d. a person has a headache

28. Diabetes occurs most often during:

a. old age and middle age
b. children
c. babyhood
d. sleep

29. People who get diabetes are most often:

a. pretty
b. sickly
c. men
d. overweight

30. A diabetic who is in a diabetic coma needs:

a. insulin
b. sleep
c. candy
d. a good slap

PROJECT: C.H.A.N.G.E.
TITLE IV C - ESEA
SKILL ATTAINMENT LIST - GRADE 5

1. Although all people have the same basic needs they are also:

   a. all healthy
   b. all the same nationalities
   c. alike in looks
   d. different

2. What makes a person important and interesting is that person's:

   a. likeness to others
   b. difference from others
   c. looks
   d. family

3. We should accept others:

   a. when they are the same as us
   b. for themselves
   c. because of their race
   d. because we are better than they are

4. The number of vibrations in the air control the pitch of the sound heard. For a high pitch sound there are:

   a. many vibrations
   b. few vibrations
   c. no vibrations
   d. one vibration

5. The loudness of a sound depends on:

   a. many vibrations
   b. few vibrations
   c. height and strength of the vibrations
   d. the strength of vibrations only

6. The ear has _____ main parts or chambers:

   a. one
   b. two
   c. three
   d. four

7. The part of the ear which helps a person keep his or her balance is called the:

   a. auricle
   b. pinna
   c. stapes
   d. semi circular canals

8. The middle ear contains all of these but one:

   a. the cochlea
   b. the malleus
   c. incus
   d. stapes

9. A problem with the eustachian tubes can cause:

   a. vibrations
   b. sound waves
   c. infection
   d. wax

10. An audiologist is a:

   a. graph plotting hearing threshold
   b. an instrument for testing hearing
   c. a trained person who gives hearing tests
   d. a tool used for examination of the ear

11. A person who was born deaf is:

   a. congenitally deaf
   b. adventitiously deaf
   c. hard of hearing
   d. never going to speak

12. The type of hearing loss which may be corrected is:

   a. congenital
   b. sensorineural
   c. adventitious
   d. conductive

13. One of the chief problems a deaf person has is:

   a. having little intelligence
   b. communicating with others
   c. wearing a hearing aid
   d. writing

14. Certain hazards which are life threatening for deaf people are:

   a. water and fire
   b. fire and mountains
   c. water and trains
   d. fire and automobiles

15. Deafness is the worst handicap because:

   a. not everyone can use a hearing aid
   b. it effects communication
   c. it is permanent
   d. it causes people to use sign language

16. Although some deaf people can benefit from a hearing aid, many depend on:

   a. microphones
   b. sign language
   c. typewriters
   d. writing

17. Fingerspelling and sign language are:

a. the same
b. used by the blind
c. different
d. not necessary to the deaf

18. Deaf persons who lip read are:

a. born with this ability
b. need to learn to do this
c. in need of more help
d. not entirely deaf

19. When deaf persons use total communication they:

a. use sign language
b. lip read
c. use fingerspelling
d. use all of the above

20. A part of the body not used in producing speech is:

a. stomach
b. diaphragm
c. soft and hard palate
d. lips

21. The strong bands of tissue which open and close rapidly forcing the air stream to vibrate and produce sound are called:

a. larynx
b. pharynx
c. vocal cords
d. hard palate

22. The muscle which moves the lungs up and down for breathing and speech is called the:

a. pharynx
b. diaphragm
c. tongue
d. vocal cord

23. In speaking, people never use:

a. their cheeks
b. their nose
c. their pancreas
d. their tongue

24. When a person doesn't say words correctly it is called:

a. a voice disorder
b. stuttering
c. a communication and language disorder
d. an articulation disorder

25. A person having an articulation disorder may have it because:

a. the person has a laryngectomy
b. the person has parents or brothers and sisters with an articulation disorder
c. the person has a cleft palate
d. the person stutters

26. A person with a voice disorder may:

a. stutter
b. develop a cleft palate
c. have a deeper or higher voice than most people of their age or sex
d. may have an articulation disorder

27. All of these are language and communication disorders except:

a. aphasia
b. inability to use a wide vocabulary
c. stuttering
d. laryngectomy

28. A speech pathologist tries to correct an articulation disorder by:

a. enriching a person's vocabulary
b. teaching the person to use esophageal speech
c. giving the person a prosthetic device
d. teaching proper tongue exercises

29. A speech pathologist tries to correct a stuttering problem by:

a. giving the person a hearing aid
b. relaxing the person and teaching correct breathing, timing, and rhythm patterns
c. teaching proper tongue exercises
d. enriching the person's vocabulary

30. Some types of speech disorders are:

a. hearing loss and blindness
b. omission of a sound and substitutions of another sound for the correct one
c. cerebral palsy and tooth decay
d. swallowing and jaw disorders

PROJECT: C.H.A.N.G.E.
TITLE IV C - ESEA
SKILL ATTAINMENT LIST - GRADE 6

1. Handicapped people experience feelings:

   a. in a special way
   b. more than normal people
   c. in the same way non-handicapped people do
   d. less than non-handicapped people

2. All people, handicapped or non-handicapped, have the same physiological needs. This means they need:

   a. food, water, rest and activity
   b. to be loved
   c. to be secure and safe
   d. to have enemies

3. The central nervous system is made up of the:

   a. brain and the spinal cord
   b. the spinal cord and neck
   c. nerves and cells
   d. heart and brain

4. The peripheral nervous system consists of the:

   a. brain and cells
   b. spinal cord and cranial nerves
   c. spine and back
   d. heart and cranial nerves

5. The chief function of the autonomic nervous system is:

   a. anger and movement
   b. voluntary actions
   c. muscular control
   d. fight and flight

6. People whose epilepsy cannot be traced to a cause have:

   a. the worst type of epilepsy
   b. idiopathic epilepsy
   c. symtomatic epilepsy
   d. an aura

7. All of these are known causes of epilepsy except for:

   a. chicken pox
   b. congenital and heredity diseases
   c. phenylketonuria
   d. drugs taken by mother before the child is born

8. A disease which results in intermittant imbalance of the electrical activity of the brain and is characterized by seizures of one form or another is called:

   a. diabetes
   b. multiple sclerosis
   c. epilepsy
   d. spinal bifida

9. The word epilepsy comes from:

   a. the Greek word meaning seizures
   b. the English word meaning seizures
   c. the Latin word meaning seizures
   d. the Spanish word meaning seizures

10. The most severe type of epileptic seizure is:

   a. petit mal
   b. psychomotor
   c. cerebral mal
   d. grand mal

11. The type of seizure characterized by staring spells, rapid blinking of the eyes and sometimes small twitching movements is:

   a. grand mal
   b. psychomotor
   c. petit mal
   d. cerebral mal

12. Seizures can usually be controlled by:

   a. confining the person
   b. slapping the person.
   c. shots
   d. daily oral medication

13. In giving first aid to a person having a grand mal seizure one should:

   a. try to stop the person from falling
   b. clear the area of obstructions
   c. hold the person down
   d. put a wooden stick in the person's mouth

14. The system whose basic function is to provide motion and locomotion to the body is the:

   a. skeletal system
   b. circulatory system
   c. nervous system .
   d. muscular system

15. The system including the brain, spinal column, nerve network and control all the body functions and sensations is the:

   a. nervous system
   b. endocrine system
   c. skeletal system
   d. digestive system

16. The system transporting the blood and lymph which carry nourishment and oxygen to all body parts is the:

a. circulatory system
b. respiratory system
c. muscular system
d. endocrine system

17. The system including the nose, pharynx, lungs, trachea, bronchi and takes oxygen into the body is the:

a. circulatory system
b. respiratory system
c. nervous system
d. endocrine system

18. The system secreting substances called hormones is the:

a. urinary system
b. digestive system
c. endocrine system
d. circulatory system

19. The kidneys are part of the:

a. circulatory system
b. endocrine system
c. reproductive system
d. urinary system

20. People who have lost the use of some part of their body due to illness, injury or accident are:

a. hopeless
b. physically handicapped
c. ignorant
d. physically unable

21. An amputation is:

a. damage to the brain causing a motor disorder
b. a progressive central nervous disease
c. surgical removal of a limb or body part
d. a disease causing paralysis

22. Cerebral palsy is a disease which:

a. affects the motor area of the brain
b. causes paralysis
c. results in an amputation
d. a condition in which the spine fails to close

23. Because of mobility problems a physically handicapped person may have difficulty with all but one of these:

a. getting an education
b. getting a job
c. getting dressed
d. using their intelligence

24. A person who is an amputee may wear a:

a. heavy coat
b. a brace
c. protective head gear
d. prosthesis

25. Devices which wouldn't be specifically for a physically handicapped person would be:

a. hearing aids
b. crutches
c. automated tele-communication systems
d. mouth devices for eating, writing or painting

26. Physical handicaps cannot be caused by:

a. accidents
b. bad behavior
c. heredity
d. drugs taken by the mother before birth

27. Some special medical problems faced by people with physical handicaps might be:

a. headaches and vomiting
b. seizures and blindness
c. bed sores and atrophy of the muscles
d. diabetes and coughing

28. The physical disability which does not cause paralysis is:

a. poliomyelitis
b. multiple sclerosis
c. spinal cord injury
d. cerebral palsy

29. Besides physical and medical problems, the physically handicapped may experience difficulties with all but one of these:

a. loving others
b. financial problems
c. emotional problems
d. finding employment

30. It is important that the physically handicapped person be able to:

a. walk again
b. adjust to his or her handicap
c. dress him or herself
d. write

PROJECT: C.H.A.N.G.E.
TITLE IV C - ESEA
SKILL ATTAINMENT LIST - GRADE 7

1. If people evaluate their feelings it will:

   a. help them learn about themselves as an individual and what other people are like
   b. helps them learn about others
   c. improve their advantages in life functions
   d. cause a somatotype or debilitating physical condition

2. The three membranes covering the cerebrum are known as the:

   a. thalamus
   b. medulla oblongata
   c. meninges
   d. cornea

3. The brain is a part of the:

   a. central nervous system
   b. peripheral nervous system
   c. skeletal system
   d. muscular system

4. The fluid found around the brain to act as a shock absorber is known as:

   a. meninges
   b. plasma
   c. pons
   d. cerebrospinal

5. The brain is divided into:

   a. 6 parts
   b. 5 parts
   c. 2 parts
   d. 11 parts

6. Hunger, sleep, regulation of body water and body temperature are controlled by which of the parts of the brain:

   a. cerebrum
   b. thalamus
   c. hypothalamus
   d. pons

7. A response to a stimulus formulated in the brain is known as:

   a. an involuntary action
   b. a voluntary action
   c. reflex action
   d. a cerebral function

8. An action requiring no thought between it and the stimulus is known as:

   a. a voluntary action
   b. an involuntary action
   c. an original response
   d. mental process

9. A marked subaverage I.Q. level existing with weaknesses in normal adapting behavior and occuring during the develpmental stage is the definition for:

   a. physical handicap
   b. learning disability
   c. emotional problems
   d. mental retardation

10. The number of types used to evaluate an individual as being mentally retarded is:

   a. 3
   b. 5
   c. 2
   d. 8

11. One factor in mental retardation is an I.Q. score that is:

   a. 140 or above
   b. 110
   c. 70 or below
   d. 70 to 100

12. Based upon I.Q. scores, the number of classifications of mental retardation are:

   a. 10
   b. 4
   c. 3
   d. 0

13. A person with an I.Q. score less than 20 is classified as:

   a. moderately mentally retarded
   b. mildly mentally retarded
   c. severely mentally retarded
   d. profoundly mentally retarded

14. Being unable to dress by yourself is a sign of mental retardation known as:

   a. I.Q. score
   b. problems in adapting behavior (self-care)
   c. symptoms of retardation during developmental period
   d. problems in visual motor coordination

15. A prenatal cause of mental retardation is:

a. galactosemia
b. rejection
c. drugs ingested during pregnancy
d. mutation

16. An individual with an I.Q. between 52 and 67 would be classified as being:

a. mildly mentally retarded
b. severely mentally retarded
c. profoundly mentally retarded
d. moderately mentally retarded

17. Having a problem with understanding or using language is known as:

a. emotional problems
b. learning disabilities
c. blindness
d. mental retardation

18. An academic area affected by specific learning disabilities is:

a. biochemical irregularities
b. hypoxia
c. language
d. cultural deprivation

19. Testing a child for a possible learning disability includes finding out about:

a. brain damage
b. environmental conditions
c. academic achievement
d. toxemia

20. The percentage of the population having a specific learning disability is:

a. 15% to 18%
b. 22% to 27%
c. 11% to 16%
d. 2% to 7%

21. A possible cause for a learning disability is:

a. metabolic difficulties
b. mental retardation
c. environmental deprivation
d. emotional disturbance

22. A learning disability does <u>not</u> include a problem due to:

a. deafness
b. perceptual handicaps
c. dyslexia
d. brain injury

23. "Emotional problem" is the same as the term:

a. blindness
b. behavior disorders
c. learning disabilities
d. adaptive behavior

24. An emotional problem can hinder a child's:

a. learning and social functioning
b. sleeping
c. eyesight
d. eating habits

25. The number of boys over girls having an emotional problem is:

a. 2 to 1
b. 4 to 1
c. 6 to 1
d. 10 to 1

26. More emotional problems are among which of the following students:

a. college students
b. primary grade students
c. pre-school children
d. high school students

27. A certain behavior becomes a problem when it is shown as:

a. an extreme action
b. an accepted action
c. a nervous habit
d. an act of anger

28. The number of behavior patterns used to classify behavior disorder are:

a. 6
b. 4
c. 10
d. 3

29. Extreme shyness belongs to the following behavior pattern:

a. acting-out behavior
b. defensive behavior
c. withdrawing behavior
d. disorganized behaviors

30. Personality (psyche) is composed of the id, ego, and superego working with one another. The ego is:

a. a primitive force
b. the idealistic force
c. the realistic force
d. none of the above

PROJECT: C.H.A.N.G.E.
TITLE IV C - ESEA
SKILL ATTAINMENT LIST - GRADE 8

1. A hinderance placed upon a person so that it is difficult achieving the full potential of that person's life is a definition for:

   a. handicap
   b. vocation
   c. temperament
   d. ability

2. The majority of handicapped people:

   a. were born with their disability
   b. acquired their disability from a genetic flaw
   c. became disabled during their life
   d. have problems due to heredity

3. The self concept of a person and the attitudes of their friends:

   a. does not affect the persons attitude toward the handicapped
   b. cause indifference toward disabled people
   c. forms all emotions
   d. affect the persons attitude toward handicapped people

4. Handicapped people desire to be accepted:

   a. in a special way
   b. close to the way we judge others, but with special consideration
   c. through the same way we judge others
   d. because they deserve it for the rough life they've had

5. A hazard more life threatening to blind people than to visually unimpaired people is:

   a. electricity
   b. water
   c. fire
   d. handling finances

6. A blind person is able to learn by using the reading technique known as:

   a. speed reading
   b. reading comprehension
   c. braille reading
   d. lip reading

7. An individual with a hearing impairment will try to compensate for it by being:

   a. more visually alert
   b. less willing to talk
   c. indifferent to sounds
   d. friendlier toward people

8. The instrument used test for a hearing loss is:

   a. sphygmomanometer
   b. styllus
   c. tuning fork
   d. audiometer

9. A person who has suffered the loss of a limb due to disease, injury or a failure to properly develop during the prenatal period is known as:

   a. a paraplegic
   b. an albino
   c. an amputee
   d. a quadraplegic

10. A physically handicapped individual's readiness to live life to the fullest by learning to make full use of what's available to him, means which of the following stages has been reached in the grieving process:

   a. denial
   b. acceptance
   c. bargaining
   d. depression

11. The primary rehabilitative process for physical handicaps is:

   a. hydrotherapy
   b. occupational therapy
   c. physical therapy
   d. play therapy

12. Diabetes is a dysfunction of:

   a. the pancreas gland
   b. the thyroid gland
   c. the pituitary gland
   d. the liver

13. The hormone secreted by the pancreas gland so simple sugars can be absorbed from the blood by the body's cells is known as:

   a. bile
   b. insulin
   c. growth hormone
   d. adrenalin

14. A medical specialist involved in the diagnosis and treatment of diabetes is:

   a. a physical therapist
   b. a physician
   c. a surgeon
   d. a metabolic specialist

15. An organic factor causing defective speech is:

   a. a cleft palate
   b. unpleasant sounds
   c. home environment
   d. tongue position

16. A distortion in speech is classified as:

a. cleft palate
b. aphasia
c. articulation disorder
d. retarded speech development

17. Speech not developed according to age level, or only a partial understanding of language or vocal expression is known as:

a. an articulatory disorder
b. stuttering
c. vocal disorder
d. delayed speech

18. When speech rhythm is out of control it is known as:

a. stuttering
b. vocal disorder
c. an articulatory disorder
d. aphasia

19. A disturbance in the brain's electrochemical activity resulting in convulsive movements of the body is known as:

a. mental retardation
b. cerebral palsy
c. epilepsy
d. physical handicap

20. The convulsive movements of the body resulting from the electrical disturbance in the brain is know as:

a. a coma
b. a seizure
c. stuttering
d. aphasia

21. Exhibiting a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language defines the handicap known as:

a. speech impairments
b. learning disabilities
c. mental retardation
d. emotional problems

22. Learning disabled children spending the entire school day in the same classroom are in a:

a. resource room
b. itinerant teacher program
c. self-contained class
d. consultative or special materials program

23. A significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period is the definition for:

a. epilepsy
b. mental retardation
c. emotional problems
d. learning disabilities

24. A mentally retarded child requiring almost complete supervision throughout his life is classified for rehabilitation purposes as:

a. totally dependent
b. educable
c. trainable
d. none of the above

25. Down's Syndrome (mongoloid) is a type of mental retardation caused by a:

a. prenatal factor
b. genetic factor
c. postnatal factor
d. psychological factor

26. A behavior interfering with a child's learning and social functioning indicates:

a. a seizure
b. mental retardation
c. a learning disability
d. an emotional problem

27. The theory concerned with the fact that the environment is perpetuating an inappropriate behavior by the child is known as the:

a. psychodynamic theory
b. biophysical theory
c. behavioral theory
d. environmental theory

28. A physician who specializes in the treatment and care of the nervous system is known as:

a. a neurologist
b. a psychiatrist
c. a physician
d. an endocrinologist

29. A physician, who specializes in dealing with diseases or malfunctions of the ear, nose, and throat is known as:

a. an otolaryngologist
b. an ophthalmologist
c. an audiologist
d. an optometrist

30. A therapist who treats disease and disability by physical means, including among other measures, water, air, heat, cold, massage, exercises, and electricity is known as:

a. an occupational therapist
b. a corrective therapist
c. a physical therapist
d. a recreational therapist

PROJECT: C.H.A.N.G.E.
TITLE IV C - ESEA

INTERMEDIATE AND JUNIOR HIGH ATTITUDE SURVEY

Instrument Description

The Attitude Survey is a group test which is administered to the class by the teacher. This instrument is designed to measure attitudes of non-handicapped students toward handicapped individuals in the following areas:

I physical appearance
II personality traits
III expectancy
IV marriage
and V emotional capabilities

Materials

The examiner has a copy of the Attitude Survey for the appropriate grade level. Students must have a score sheet and a number two (No. 2) pencil.

A blackboard for key sample pattern.

Score Sheet

On the score sheet, the students are to fill in their names and grades or section number. The name goes in the appropriate space on the left side of the scan-tron card. The grade or section number is to be recorded in the space labeled subject.

All answers are to be recorded with a No. 2 pencil. The number on the score sheet corresponds to the question number.

Please draw the following sample at the board:

I agree very much	I agree	I disagree	I disagree very much
(A)	(B)	(C)	(D)

Then read the following statement:

1. School should end at 2:30 p.m.

Let one subject go up to the board and color in the appropriate box which reflects his or her opinion. If necessary please repeat the demonstration until satisfied that the students understand the correspondence of the number of the question to the answer and the relationship of their letter choice. The E box on the score sheet is not used. Please tell subjects to ignore this box and to avoid marking in it.

General Instructions

Each subject is to receive a score sheet. Only the examiner will have a copy of the survey questions. The examiner is to ask the students "Do you know what a survey is?" If subjects have the concept of a survey, no further explanation is necessary.

If subjects are not familiar with the concept of a survey the examiner says, "A survey is asking you how you feel about something. This survey is going to ask questions on how you feel about handicapped people. Handicapped people are those who have a disability in a certain area. They may have problems with walking, talking, hearing, seeing, or thinking. This survey is asking questions which refer to all the handicaps in a general way. Just the same way we would use the word normal, average, or ordinary to describe all people."

The examiner continues saying, "Please answer every question. Remember on a survey there is no right or wrong answer because we are talking about feelings. I will read the questions twice. The first time just listen, the second time - please mark the box for your answer choice on the score sheet."

The answer choices should be printed on the black board as shown below:

I agree very much	I agree	I disagree	I disagree very much
(A)	(B)	(C)	(D)

Answer choices should remain on the board during the survey. Remind students to make their marks within the lines and to press hard so answers are legible.

Scoring

I. Intermediate Attitude Survey

A. This 30 item test is hand scored with available keys.

B. Choices are assigned point values as follows:

A = 1 pt., B = 2 pts., C = 3 pts., D = 4 pts.

C. Items 2,3,5,8,9,13,15,18,23,24, and 25 are items stated positively; therefore letter changes are made before scoring. For example, if item #2 is marked A, it would be changed to D; or if item #9 is marked C, it would be changed to B.

II. Junior High Attitude Survey

A. This 25 item test is hand scored with available keys.

B. Choices are assigned point values as follows:

A = 1 pt., B = 2 pts., C = 3 pts., D = 4 pts.

C. Items 2, 12, 19, 21 are items stated positively; therefore letter changes are made before scoring. For example, if item 12 is marked D, it is changed to A; or if item 19 is marked B, it is changed to C.

PROJECT: C.H.A.N.G.E.
TITLE IV C - ESEA
INTERMEDIATE ATTITUDE SURVEY

1. I would like it better if no handicapped people were around me at all.
2. If my class were taking a field trip, I would have a handicapped classmate as my partner.
3. Handicapped children should go to this school.
4. Blind people should not be allowed to vote in elections because they can't read.
5. A child with emotional problems should be allowed to participate in sports.
6. Most handicapped people do not like normal people.
7. A handicapped worker could not be as successful as I would be at my job.
8. Most handicapped persons can get married.
9. If I had mentally retarded relatives, I would take them to public places.
10. Handicapped people do not like to joke.
11. Handicapped people cannot have a "normal" life.
12. Most handicapped people do not have many close friends.
13. Handicapped people have something to offer to the community.
14. All handicaps are easy to notice in a person.
15. A handicapped friend could stay overnight at my house.
16. Handicapped people never look as nice as normal people.
17. Handicapped people should not be doctors or lawyers.
18. A handicapped child could be in a club or on a team with me.
19. Students with handicaps have it easier in school than I do.
20. Handicapped people do not have confidence in themselves.
21. Handicapped people worry more than non-handicapped people.
22. Handicapped people like a lot of sympathy.
23. Most handicapped people are as intelligent as non-handicapped people.
24. Handicapped children should compete with non-handicapped children.
25. Most handicapped people can take care of themselves.
26. Handicapped people prefer to be with other handicapped people.
27. Most handicapped people are misfits.
28. Handicapped people get discouraged very easily.
29. Handicapped people annoy me.
30. Most handicapped people are alone and unloved their whole lives.

PROJECT: C.H.A.N.G.E.
TITLE IV C - ESEA

JUNIOR HIGH ATTITUDE SURVEY

1. Society accepts handicapped individuals for themselves.
2. People should not be ashamed of the physical appearance of their handicapped friends and relatives.
3. Disabled people should not be allowed to run for public office (President, etc.)
4. Disabled people would make poor parents because of their inability to care for their children.
5. Generally, I would ignore or not look at handicapped people unless they spoke to me first.
6. Most handicapped people worry more than non-handicapped people.
7. Handicapped children in special education rooms have it easier in school than non-handicapped children.
8. A non-handicapped person would not want to date a handicapped person.
9. Disabled workers cannot be as successful as non-handicapped workers.
10. Handicapped people are not as emotional as non-handicapped people.
11. Handicapped people like to have their friends to be handicapped.
12. Most handicapped people can have a satisfying job.
13. Handicapped persons require more praise than non-handicapped people.
14. Handicapped people should not be allowed to compete in sports with non-handicapped people.
15. Most handicapped people have less ambition.
16. Most handicapped people would rather be left alone.
17. Handicapped people are less considerate of others feelings than non-handicapped people.
18. Handicapped people should not be doctors or lawyers.
19. Handicapped people have something to offer to society.
20. There are more misfits among handicapped people.
21. Most disabled people can have a family.
22. Disabled people expect sympathy because of their problems.
23. All disabilities are easy to notice.
24. Handicapped persons should not expect to lead a normal life.
25. The intelligence of disabled persons is always less than that of normal people.

PROJECT

RESOURCE FILE

COMPILED BY

Alan Balter, Ph.D.
Kathleen Delaney
Lynda Eberhart
Cynthia Foulkes
LaVerne Galzin, R.N.
Karen Harper
Robert Honkisz
Ilona Marmer
M. Sherry Smith

PROJECT: C.H.A.N.G.E.

RESOURCE FILE

PURPOSE

The Resource File was designed to assist demonstration sites in locating guest speakers for participation in the Teacher Training Program or the student curricula. All of the speakers listed in the Resource File have been either screened by the Producer project staff or were referred by an approved agency of the State of Illinois. The agencies which are listed in the Resource File are both profit and non-profit organizations who service the disabled throughout the United States.

CONTENTS

The Resource File is a compilation of speakers and agencies who represent the disabilities studied in the Project:C.H.A.N.G.E. curricula. The speakers who are identified in this file service the metropolitan Chicago area. The speakers who are asterisked may be of assistance to programs throughout the State of Illinois or they are either agency affiliated or have contact with other disabled individuals who may assist in locating a speaker in your area. The agencies listed can help district's contact speakers or provide them with written materials such as pamphlets or booklets.

CONTACTING SPEAKERS

It is important to remember to contact speakers at least two months before the desired speaking date. The following questions should be asked of each speaker and the responses should be noted in the telephone log or on file cards for future reference.

Ask Speakers if they require:

1. Any form of fee (either to themselves or in a form of a donation to their agency)

2. Check on their availability for speaking. (long term or short notice, special letter, to employer or agency) Some speakers are only available at certain times of the year.

3. Is transportation necessary? Some speakers require special vans or can not provide their own transportion due to their disability. Decide what your district can do in this area. Someone in your district such as the nurse or social worker may be able to assist in the transportation of speakers.

4. Are special provisions necessary? Do they need assistance in mobility or personal care? The nurse, speech pathologist, psychologist or other personnel may be of assistance in this area.

5. Are specific types of equipment needed for their presentation? Such as a podium, film projector, tape recorder, screen, etc.

6. Will they provide the students or teachers with brochures or pamphlets?

7. Do they need to have a specific piece of material duplicated for distribution to their audience.

Follow district and building policies when arranging for guest speakers. Notify classroom teachers of the time and location of the speaker in advance. Classroom teachers may wish to select a time for the speakers visit to their room.

A representative of the building or a student from the class to assist the speaker in finding room locations is suggested. Speakers play an integral role in the implementation of the program as they lend significance and credibility to the idea that we are all special people.

Procedure for Establishing a Resource File

The Resource File is a compilation of speakers who participate in the project by addressing teachers in the Teacher Training Program and pupils studying the curriculum. The Resource File included in the Project C.H.A.N.G.E. Kit lists individuals and agencies in the Chicago Metropolitan Area. If your district is outside this geographic area, the following suggestions will be useful in compiling a local resource list:

1. Contact special education and/or psychology departments at nearby colleges

2. Contact the local mental health agency and public health department.

3. Check the telephone directory for local chapters of agencies such as American Diabetes Foundation, National Federation of the Blind, Epilepsy Foundation of America etc.

4. Contact the local school administrator in charge of special education in the public schools.

5. Ask special education teachers, guidance counselors, and nurses employed by the local school district.

6. Send a "request for speaker" flyer home to parents.

7. Contact the local hospital(s) for pediatricians, nurses or other specialists with expertise in disabilities.

8. Check the local library for the availability of speakers bureaus.

9. Contact the Illinois Resource and Dissemination Network, Illinois Office of Education, 188 West Randolph Street, Chicago. This is a computer assisted data base which can furnish name of speakers in various geographic areas throughout the state.

The above approaches plus word-of-mouth should generate an adequate Resource File.

[redacted]

[redacted]

[redacted]

[redacted] Blindness

Craig, Bill
(parent of Harnew students)
8754 Moody Avenue
Oak Lawn, Illinois 60453 [redacted] 599-4624

(can read braille, has braille stylus and typewriter & cane)

Davis, Lewis
1151 South Wood Street
Room 213
% Illinois Visually Handicapped
Chicago, Illinois 60612 [redacted] 996-1520/21

Contact Person: Gloria Weissman

Erickson, Paul
Telephone Pioneers of America
14522 Union
Riverdale, Illinois 60627 [redacted] 849-4341

Assn: retired Telephone Association

In charge of south suburbs. Retired telephone company employees who work with deaf and blind people. Also do volunteer work. Have few films.

Lhotak, Wanda
8809 Cranbrook Lane
Bridgeview, Illinois 60455 [redacted] 430-4406

Nowak, Sharon
(student taught at Lieb)
Community Services for Visually Handicapped

[redacted] 996-1521

Polman, Greg
9540 South Mayfield
Apt. #112
Oak Lawn, Illinois 60453 [redacted] 422-6399

(ring downstairs buzzer 126)

TOPIC Blindness (cont)

Rosenbom, Lillian (Mrs)
160 North LaSalle Street
Room 1700
Chicago, Illinois PHONE 793-2406

Assn: Community Services for the Visually Handicapped
Availability: .....Anytime
Transportation: .....No
Advanced Booking:.....Yes, telephone call is okay
Pamphlets or Brochures:.Yes

Skobel, Sammy
610 South Williams 255-1739 (home)
Mt. Prospect, Illinois 60056 PHONE 253-4292 (business)

President of Blind Skiers Club
He owns restaurant - Sammy Skobel's Hot Dogs
Services: Speaker and shows films

Stern, Phyllis
1178 South Kennilworth
Oak Park, Illinois PHONE 848-6191

Services: Will bring dog

Weissman, Gloria (Teacher of rehabilitation)
Community Services for the Visually Handicapped
1151 South Wood Street
Chicago, Illinois 60612 PHONE 996-1520/21

Call before with a reminder

Community Services for the Visually Handicapped
State of Illinois Building
160 North LaSalle Street
Chicago, Illinois 60601 PHONE 793-2400

Referred by: Jessamine Cobb, Regional Consultant

Department for the Blind & Physically Handicapped
4536 North Lincoln
Chicago, Illinois PHONE 738-9200

[redacted]

[redacted] Deafness

Bluemar, Glenn
Telephone Pioneers of America
7960 West Palm Court
Orland Park, Illinois 60462 [redacted] 532-2765

Assn: Retired Telephone Association
Indian Trails Life Member
Examples: VIS-CON (attachment to convert touch tone to signals for deaf), Beeper balls, talking animals for speech therapy, can talk about a blind employee.
In charge of South Suburban retired telephone company employees who work with deaf and blind people. Have few films.

Cunneen, Pat
5325 Crescent Lane
Oak Forest, Illinois 60452 [redacted] 687-5217 (home)

Daidone, Vikki
Hannum School
98th and Tripp
Oak Lawn, Illinois 60453 [redacted] 423-1690

Assn: West Suburban Association for Hearing Impaired Teacher for the Hearing Impaired Hannum School
Teacher - availability maybe a problem

Davis, Beatrice
(President of Ill. Chapter of Association of Deaf)
9501 North Tripp
Skokie, Illinois 60076 [redacted]

Miss Deaf Illinois

Freese, Michele
% Bridgeview Public Library
7840 West 79th Street
Bridgeview, Illinois [redacted] 458-2880
(call between 12 and 5 p.m.)

Does finger spelling demonstrations for children (excellent). Did combination demonstration with visually handicapped Wanda Lhotak.

Lipin, S. Barry
(Owner-deaf)
D.S. Auto Leasing
1800 North Ashland Avenue
Chicago, Illinois [redacted] 278-7000

[redacted] Deafness (cont)

McCluskey, Jean
Kennedy Preschool
Harvey, Illinois [redacted] 331-5720

Assn: South Metropolitan teacher of deaf children.

McGrath, Susan
Chicago Theatre of the Deaf
1735 West Waveland Avenue
Chicago, Illinois 60613 [redacted] 338-0472

Assn: Chicago Theatre of the Deaf

Sister Carol
Holy Redeemer School
9536 South Millard
Evergreen Park, Illinois [redacted] 236-5172 (ext.333)

Assn: Catholic Charities

Sister Syra
Holy Redeemer School
9536 South Millard 266-6100 (summer #)
Evergreen Park, Illinois [redacted] 425-6310

Assn: Holy Redeemer School
Available anytime - the district arranged a bus for transportation - telephone for advanced booking - no pamphlets or brochures

Tolchin, Leon
3169 West Park Lane Drive
Merionette Park, Ill. 60655 [redacted] 389-9840 (after 6 p.m.)

Sign language instructor and interpreter

Walsh, Nadine
9444 South Cook Avenue
(Oak Lawn Library)
Oak Lawn, Illinois 60453 [redacted] 422-4990

Finger Spelling Stories

Warshofsky
(Handicapped)
Insurance
Mt. Prospect, Illinois
National Fraternity Society of Deaf
1300 W. Northwest Highway
Mt. Prospect, Illinois 60056 [redacted] 392-9282

[redacted]

TOPIC: Diabetes

Doyle, Katherine
(Executive Secretary)
American Association of Diabetes Educators
3553 West Peterson Avenue
Chicago, Illinois 60659 PHONE 267-7178

Availability: write or call way in advance

McCambell, Mr.
Director of Inservice Education
Little Company of Mary Hospital
2800 West 95th Street
Evergreen Park, Illinois 60629 PHONE

Services: can provide us with people who do diabetic counseling

Suren, Jean
1950 North Burling
Chicago, Illinois 60614 PHONE 791-3278

Bookings in advance - phone and letter

Wetzel, Mrs.
Nursing Inservice Education Dept.
Little Company of Mary Hospital
Evergreen Park, Illinois 60629 PHONE 422-6200

[redacted] SPEAKERS

[redacted] Emotional Problems

Biskepski, Mike
PROVE
(Prove Reinvolvement with Opportunity thru Vocation and Education)
843 North Joyce Ave.
North Lake, Illinois [redacted] 562-0326

Services: Film and speaker on emotional problems.

Coates, Gerry
1622 Juneway Terrace
[redacted] 973-2590

Was a school psychologist. Now in school, does drama therapy, group experiments and story telling..
Availability: anytime
Transportation: yes, picked him up in the Loop
Advanced Booking: phone call

DeLap, Nancy
Director, Oak Lawn Family Services
9526 South Cook Avenue
Oak Lawn, Illinois 60453 [redacted] 423-3361

Falk, Howard
Director, Eisenhower Cooperative
12812 South Austin
Palos Hts., Ill. 60463 [redacted] 381-1220

O'Neill, Richard
5252 West Dumke Drive
[redacted] 636-4400

Assn: Village of Oak Lawn Family Service Dept.
St. Louis University - Master of Social Work (1953)
Always available - has no transportation - letter for advanced booking. - no brochures or pamphlets

Schwartz, Marion
(Psychiatrist)
River Edge Hospital for Adolescents
[redacted] 771-7000

Weix, Judity (Guidance Counselor)
Reavis High School
District 220
77th and Austin Avenue
Burbank, Illinois 60459 [redacted] 599-7200

SPEAKERS

TOPIC Epilepsy

Armstrong, Mary
9738 Hamlin
Evergreen Park, Illinois 60642 PHONE 422-5447

(Ed Walton, Gerry Fox, Eileen Larson)
Christ Hospital
Epilepsy Group

Davies, J. (Mr.)
Vincennes Tract Chapter of ESA
1010 Dixie Highway (call Roger Eberhart
Suite 403 home - 974-4162
Chicago Heights, Illinois 60411 PHONE disconnected

Finch, Nadia
Illinois Epilepsy Association
1200 Harger Road
Suite 323
Oak Brook, Illinois 60521 PHONE 323-9880

Films - pamphlets or brochures

Ramsier, Ron
175 East Delaware
Chicago, Illinois PHONE 944-2721

Artist - Graduate of School of Art - Art Institute
Available anytime
Transportation-pick up at train (Rock Island) 95th and Wood
Advanced booking-phone call
Pamphlets or brochures - His copy of article on himself

Zack, Marilyn
Epilepsy South Suburban

PHONE 798-0433

[redacted] SPEAKERS

[redacted] Learning Disabilities

Balter, Dr. Alan
Chicago State University
Department of Special Education
95th and King Drive
Chicago, Illinois

[redacted] 967-5511 (home)
995-2390 (work)

Colosimo, Mary Lynn
68 Venetian Court
Orland Park, Illinois 60462

[redacted]

Services: Guidance Counselor, taught LD children

Debbie Kanner - A.E.R.O. Coordinator
A.E.R.O. Special Education District
7600 South Mason
Burbank, Illinois 60459

Neil E. Mac Gregor - Director
Kim Flesher - A.E.R.O. LD/BD Coordinator

[redacted] (312) 496-3330

Availability: Generally with several weeks notice
Transportation:No
Advanced Booking: phone call sufficient
Pamphlets or Brochures: not at elementary level,
could work on something, maybe.

[redacted]

[redacted] Mental Retardation

Balter, Dr. Alan
Chicago State University
95th and King Drive
Chicago, Illinois [redacted] 995-2390

Farber, Sue
3730 West 171st Place 957-3254 (home)
Country Club Hills, Illinois 60477 [redacted] 226-5268 (work)

Dance Therapist
Getting MA in Special Education

Nash, Louise
Howe Center
7600 West 183rd
Tinley Park, Illinois 60477 [redacted] 532-7370

Available: with two to three weeks' notice
No Transportation
Pamphlets or Brochures: with one month notice

[redacted]

[redacted] Physical Handicaps

Burke, Carla
187-2 Evergreen Terrace
Carbondale, Illinois 62901 [redacted] (618) 453-5738

Miss Wheelchair of Illinois (1979)
[redacted] Will change yearly

Chaffee, Ella
6339 West 89th Place 599-5737 (home)
Oak Lawn, Illinois 60453 [redacted] 353-0491 (work)

Handicapped parent of Harnew child
Does wheelchair speaker

Cusack, Thomas
R. J. Chairlift
715 Fifth Avenue
Maywood, Illinois 60153 [redacted] 344-2705

Assn: Mobility systems and conversion specialists
Available anytime in April or May.

Dennison, Al (Prosthetic Devices)
℅ Merrick Hopkins Company
2601 West 63rd Street
Chicago, Illinois 60629 [redacted] 776-6212

Pfrommer, Margaret
Northwest Rehabilitation Engineering Program
Room 1441
345 East Superior 366-8129 (home)
Chicago, Illinois 60611 [redacted] 649-8560 (work)

Services: Quadraplegic Speaker

Nessner, Jack
Walter S. Christopher School
5042 South Artesian
Chicago, Illinois [redacted] 434-4154

John J. Glazier (Principal)

Thienne, Mr. J.
Amigo Electric Wheelchairs
10 S. 182 Alago Road
Naperville, Illinois [redacted] 420-7621

[redacted] Physical Handicaps (cont)

Usher, Mary Beth
Head of Children's Orthopedic Handicaps
Chicago Board of Education
228 North LaSalle Street
Room 660
Chicago, Illinois 60601 [redacted] 641-4141
(ask for Orthopedic Handicap Dept.)

Home: 9130 S. Francisco
Evergreen Park, Ill 60642 [redacted] 424-4127

Services: has taught orthopedically handicapped - a new head of City Department

Wilhelm, Mercedes (Mumsy)
9224 South Karlov
Oak Lawn, Illinois 60453 [redacted] 636-9181

Services: Teacher of physically handicapped and deaf children.

[redacted] Rehab and Careers

Christian, John W.
Director, Admissions Counseling
Loyola University of Chicago
820 North Michigan Avenue
Chicago, Illinois 60611 [redacted] 670-2900

Warshofsky, Mr. (Handicapped)
Insurance - Fraternal Society of Deaf

Mt. Prospect, Illinois [redacted] 392-9282

[redacted] Speech Impairments

Cunn, Chris
AERO
7600 South Mason
Burbank, Illinois 60459 [redacted] 496-3330

Hoffman, Herbie
6150 North Avers
Chicago, Illinois 60659 [redacted] 463-4893
(can be reached after 3:30 p.m.)

Services: works as data collector for U.S. Weather Services
(C.P. in wheelchair)

[redacted]

[redacted]

[redacted] Blindness

American Foundation for the Blind
127 No. Dearborn Street
Room 1508
Chicago, Illinois 60602 [redacted] (312) 332-6767

American Foundation for the Blind, Inc.
500 North Michigan Avenue
Suite 738
Chicago, Illinois 60611 [redacted] (312) 321-1880

American Foundation for the Blind
Publications Division
15 West 16th Street
New York, New York 10011 [redacted] (212) 620-2000

American Printing House for the Blind
Instructional Materials Reference Center
1839 Frankfort Avenue
Louisville, Ky. 40206 [redacted] (502) 895-2405

Chicago Lighthouse for the Blind
1850 West Roosevelt Road
Chicago, Illinois [redacted] (312) 666-1331

Chicago Public Library
Department for the Blind & Physically Handicapped
4536 North Lincoln
Chicago, Illinois [redacted] (312) 561-3971

Community Services for the Visually Handicapped
State of Illinois Building
160 No. LaSalle Street
Chicago, Illinois 60601 [redacted] (312) 793-2400

Dialogue Publications, Inc
3100 Oak Park Avenue
Berwyn, Illinois 60402 [redacted] (312) 749-1908

Division for the Blind and Physically Handicapped
The Library of Congress
Washington, D.C. 20542 [redacted] (202) 287-5100

[redacted]

[redacted] Blindness (cont.)

Hadley School for the Blind
700 Elm Street
Winnetka, Illinois 60093 [redacted] (312) 446-8111

Illinois Braille and Sight Saving School
658 East State Street
Jacksonville, Illinois 62650 [redacted] (217) 245-4101

Illinois Society for the Prevention of Blindness
53 West Jackson Blvd.
Chicago, Illinois [redacted] (312) 922-8710

Library of Congress
Division of Blind and Disabled
1291 Taylor Street, N. W.
Washington, D. C. 20542 [redacted] (202) 287-5000

National Association for Visually Handicapped
3201 Balboa Street
San Francisco, Ca. 94121 [redacted] (415) 221-3201

National Center for Deaf-Blind Youths and Adults
105 Fifth Avenue
New Hyde Park, New York 11040 [redacted] (516) 746-4440

National Federation of the Blind of Illinois
Box 141
Mazon, Illinois 60444 [redacted] (915) 448-5520

National Federation of Blind
Kenneth Jernigan, President
218 Randolph Hotel Building
Des Moines, Iowa 50309 [redacted] (515) 243-3169

National Society for the Prevention Blindness

New York, New York 10000 [redacted] (212) 684-3505

Pilot Guide Dog Foundation
63 East Congress Parkway
Chicago, Illinois 60605 [redacted] (312) 922-7081

[redacted] Blindness (cont)

Perkins School for the Blind
175 North Beacon Street
Watertown, Massachusetts 02172 PHONE (617) 924-3434

Recording for the Blind, Inc
215 East 58th Street
New York, New York 10022 PHONE (212) 751-0860

Trutes Adhesives and Chemicals Company
104 East Bauer Road
Naperville, Illinois 60540 PHONE (312) 961-9495

[redacted] - FREE LOAN OF MATERIALS

Handicapped Learner Materials
Distribution Center - Audio/Visual Center
Indiana University
Bloomington, Indiana 47405 PHONE (812) 337-1511

Materials which can be taken out on lan are films, videotapes, kits, games, etc. No fee except return postage.

DEAF Deafness

Alexander Graham Bell Allociation for the Deaf
3419 Volta Place, N.W.
Washington, D.C. 20007 PHONE (202) 337-5220

Services: Publishes books, journal, newsletter, publications, catalog and other educational materials on teaching language to speech impaired and deaf youngsters.

American Hearing and Speech Association
9030 Old Georgetown Road
Bethesda, Maryland 20014
(Rockville, Maryland) PHONE (301) 897-5700

The Center of Deafness
600 Waukegan Road
Glenview, Illinois 60025 PHONE (312) 729-5620

Children's Theater of the Deaf
Fee Schedule for Productions:
Entire Cast for full production for non-profit performance....$125.00
for funding performance.....$125.00
plus..... 33% of the profit

Traveling Hands Troupe -
Small cast for up to a 45 minute performance.....$ 75.00

Chicago Hearing Society
6 East Monroe
Chicago, Illinois 60601 PHONE 332-6850

Chicago Theatre of the Deaf
6620 North Fairfield
Chicago, Illinois 60645 PHONE 338-0472

Contact: Mike Lamitola, Michelle Kulefsky
Susan McGrath and Rick Smith

Chicago Theatre of the Deaf
8207 Crawford
Skokie, Illinois PHONE 676-0948

Contact: Mary Ellen McGarry, Director

Gallaudet College
Public Service Program
Kendall Green
Washington, D.C. 20002 PHONE (202)

[redacted] Deafness (cont)

The Illinois Advance
Illinois School for the Deaf
Jacksonville, Illinois 62650 [redacted] (217) 245-5141

Illinois Association of the Deaf
Mrs. Lois Burris
515 Adams Street
Elgin, Illinois 60120

James Carter, President
180 Boulder Hill Pass (312) 896-2653/voice
Aurora, Ill. 60538 [redacted] 879-3410/voice

Lake County Public Library
1919 West Lincoln Highway
Naperville, Ind. 46410 [redacted]

Services: Newsletters for the Deaf

National Association of the Deaf
814 Thayer Avenue
Silver Springs, Md 20910 [redacted] (301) 587-1788

Services: Provides information on total communication and signing as well as referrals (most members are deaf) to state affiliates; publishes monthly journal, and newsletter.

AGENCIES

[redacted] Diabetes

American Diabetes Association, Inc
1 West 48th Street
New York, New York 10020 [redacted]

Book: Learning About Diabetes - A Programmed Course for Insruction.

American Diatetic Association
620 North Michigan Avenue
Chicago, Illinois 60611 [redacted] 822-0330

Diabetes Association of Greater Cleveland
2022 Lee Road
Cleveland, Ohio 44118 [redacted] 1-216-371-3301

Information given to us from Mrs. Wetzel of Little Company Hospital

Diabetes Association of Chicago
Far South Side Branch

[redacted] 239-4045

Mrs. Laurie Ownes, Chairman
Diabetics and parents of diabetes meet monthly to discuss and meet with speakers who specialize in different aspects of diabetes.

Juvenile Diabetes Foundation
23 East 26th Street
New York, New York 10010 [redacted]

Information given to us from Mrs. Wetzel of Little Company Hospital

Eli Lilly and Company

Sales Office - Chicago [redacted] (312) 693-8740

Public Relations Office - Indianapolis [redacted] (317) 261-2000

565 Fifth Avenue
New York, New York 10017 [redacted] (212) 986-8789

Services: Film rental Film: "My Friend Edi" - for children

Information: New York Chapter of American Diabetes [redacted] (212) 689-2860
(this number can be used to find phone number)

TOPIC Emotional Problems

Emphasis
℅ Mental Health Association of Evanston
2120 Lincoln Street
Evanston, Illinois 60201 PHONE (312) 328-6198

National Institute of Mental Health
Printing and Publications Section
5600 Fisher Lane, Room 6-105
Rockville, MD 20857 PHONE (301) 443-5480

Services: A public information office offering referrals and material on emotionally disturbed children.

Prizker Medical Center
800 East 55th Street
Chicago, Illinois PHONE (312) 643-7300

Contact: Bill Gibbons or Doug Hamilton

Epilepsy

Epilepsy Foundation of America
1828 L Street, N.W.
Suite 406
Washington, D.C. 20036

PHONE (202) 293-2930

Services: Offers a school alert kit (free in single quantities) containing poster; materials for teachers, adminstrators, parents, and school nurse; and a comic for students. Publications Catalog upon request.

Epilepsy South Suburban

PHONE 798-0433

Contact: Marilyn Zack

Moraine Valley Epilepsy Self Help Group

PHONE 448-2718

Contact: Linda Heinstat

TITLE Learning Disabilities

Association for Children with Learning Disabilities
4156 Library Road
Pittsburgh, Pa. 15234 PHONE (412) 341-1515

Services: Will refer you to publications on learning disabilities or to local chapters.

Chicago Association for Children with Learning Disabilities
Box 42888
Chicago, Illinois 60642 PHONE

Services: Speakers

Illinois Council for Children with Learning Disabilities, Inc.
P.O. Box A3239
Chicago, Illinois 60690 PHONE (312) 238-4861

Contact: Mrs. W. Joseph Gartner

Orton Society
8415 Bellon Lane
Towson, MD. 21204 PHONE (301) 296-0232

Services: Offers conferences, workshops, pamphlets, bibliography, journal, and newsletters.

[redacted] Mental Retardation

American Association on Mental Deficiency
5101 Wisconsin Avenue, NW
Washington, D.C. 20016 [redacted] Toll-free (800) 424-3688

Services: Produces testing materials, research monographs, books on mental retardation, and two bimonthly journals.

Chicago Association for the Retarded

[redacted] 922-2202

Chicago School and Workshop for the Retarded
The Byron Center
6050 North California Avenue
Chicago, Illinois 60659 [redacted] 761-4650

Helping Hands School
125 North Kensington
LaGrange, Illinois 61261 [redacted] 354-6929

Contact: Chris Lawford

Illinois Association for Retarded Citizens
Executive Director
#6 North Michigan Avenue
Chicago, Illinois 60602 [redacted] 263-7135

The Lambs Inc
P.O. Box 520
Libertyville, Illinois 60048 [redacted] (312) 362-4636

Good for a field trip

Tours conducted Monday thru Saturday - 10:30 a.m. to 2 p.m.
Includes tour of gift shops, extra fee for self-conducted field trip to farmyard, extra fees for sack lunch, hayride and movie.
(Tollway 194 & Route 176 Exit - Libertyville)

National Association for Down's Syndrome
P.O. Box 63
Oak Park, Illinois 60303 [redacted] 369-7739

[redacted] Mental Retardation (cont)

National Association for Retarded Citizens
2709 Avenue E East
Arlington, Texas 76011 [redacted] (817) 261-4961

Services: State and local chapters offer parent-teacher materials, films, slide tape shows, bimonthly journal, and catalog.

Parents of Retarded Children

[redacted] 821-5254

President's Council of Mental Retardation

Washington, D.C. 20201 [redacted] (202)

[redacted]

[redacted] Physical Handicaps

Advocates for the Handicapped
2200 Merchandise Mart
Chicago, Illinois 60654 [redacted] 822-0435

Amed, Inc.
1215 South Harlem (24 hour phones)
Forest Park, Illinois, [redacted] (312) 771-2000

Contact: Dave Kruz, Electric Wheelchairs and other devices for the handicapped
Services: Loaned equipment for Miss Wheelchair Chicago visit.

Occupational Therapy Association
320 West End Avenue
New York, New York 10019 [redacted] (212) 580-3380

Association for the Aid of the Crippled Children
345 East 46th Street
New York, New York 10017 [redacted]

D.I.A.L.
Disabled Individuals Assistance Line
160 North LaSalle Street
Rm. 1140
Chicago, Illinois 60601 [redacted] (312) 793-5000

(open Monday-Friday 10 a.m. - 4 p.m.)
Contact: Barbara Berner (Illinois D.I.A.L. Staff)

The Easter Seal Society for Crippled Children and Adults
2023 West Ogden Avenue
Chicago, Illinois 60612 [redacted] (312) 243-8400

Services: Offers resource materials on counseling, housing and travel, daily living, self-help, and educational activities. Publishes journal, has materialson emotionally disturbed and speech impaired children.

Rehabilitation Institute of Chicago
345 East Superior
Chicago, Illinois [redacted] 649-6000
(Research Dissemination) (Ellie Wydeven) 649-6184

Contact: Barb Grambalza, Director of Occupational Therapy
Services: Film - The Way Back
Rental fee of $20.00
Call three weeks in advance and send purchase order.

[redacted] AGENCIES

[redacted] Rehabilitation and Careers

Illinois Department of Rehabilitation Services
Regional Executive Office

[redacted] PHONE

Contact: Bonnie Ferneau

Kay Monro
1050 Prospect Plaza
Mt. Prospect, Illinois 60056 [redacted] PHONE 253-6204
(Division of Vocational Rehabilitation)

Works with deaf - now with rehabilitation (she is a DBR Counselor)

President's Committee on Employment of the Handicapped
1111 20th Street, N. W.
Washington, D. C. 20210 [redacted] PHONE (202) 653-5080

[redacted]

[redacted] Speech Impairment

Schools Department
American Speech and Hearing Association
9030 Old Georgetown Road
Washington, D.C. 20014 [redacted] (202) 897-5700

Services: Has monthly journal, brochures, bibliography, and career materials and publications catalog. Answers specific requests.

Sertoma Center for Communicative Disorders
7330 College Drive (119th)
Palos Heights, Illinois 60463 [redacted] 361-2121 (voice)
448-3005 (TTY)

Sponsored by Sertoma Clubs of the Illinois-Wisconsin Regions, Worth Township, Orland Township, and the United Way of Oak Lawn

ABOUT THE STAFF

STAFF:

Director	Donald Martin
Coordinator	Sherry Smith
Assistant Coordinator	Alan Balter
Medical Consultant	LaVerne Galzin
Media Consultant	Cynthia Foulkes
Curriculum Coordinator	Karen Harper
Curriculum Advisor	Kathleen Delaney
Curriculum Advisor	Robert Honkisz
Graphic Artist	Karen Madden
Evaluation Consultant	A. Edward Ahr

Donald Martin, Project Director, holds B.A. and M.A.T. degrees from Harding College in Arkansas. He has worked as Assistant Principal at the Junior High School level, Director of a Demonstration Center for Gifted Children, and as Director of Federal Programs. As Program Director for Project C.H.A.N.G.E., he is responsible for the overall administration of the project.

Sherry Smith, Project Coordinator, has the B.A. from College of St. Francis in Illinois and M.S. from Chicago State University. Her previous experience includes classroom teaching and speech pathology at the elementary level. As Coordinator of Project C.H.A.N.G.E., she is responsible for the day-to-day operation of the program including grant writing, curriculum planning, and design of assessment instruments.

Alan Balter, Assistant Project Coordinator, has B.S., M.S., and Ph.D. degrees from the University of Illinois. He has worked as a teacher of retarded children, researcher, and university professor. As Assistant Coordinator, he helps with the daily functioning of the program and project dissemination.

LaVerne Galzin, Medical Consultant for the project, is a registered nurse who also holds the B.S. degree. She has wide experience working as a hospital nurse, public health nurse as well as a school nurse. In her role as Medical Consultant she explains nursing and medical information and strategies to program staff and is the program laisson to the medical profession.

Cynthia Foulkes, Media Consultant for the project, holds the B.S. in Education from Illinois State University and the M.S. in Education from Chicago State University. Her experience includes working as a School District Librarian and Director of a Learning Resource Center. She is responsible for ordering and processing all program materials as well as assisting program staff plan and execute audio-visual presentations.

Karen Harper, Curriculum Coordinator has the M.A, degree in Learning Disabilities and has many years of teaching experience in special education. She has developed the Kindergarten and Primary grades curriculum and supervised curriculum development at other levels.

Kathleen Delaney, Curriculum Advisor, has a B.A. degree from St. Xavier College in Illinois. She has worked as a teacher's aide in Project Head Start and as a teacher in the elementary grades. Her major responsibilities have been writing the project curriculum and lesson plans for grades 4-6.

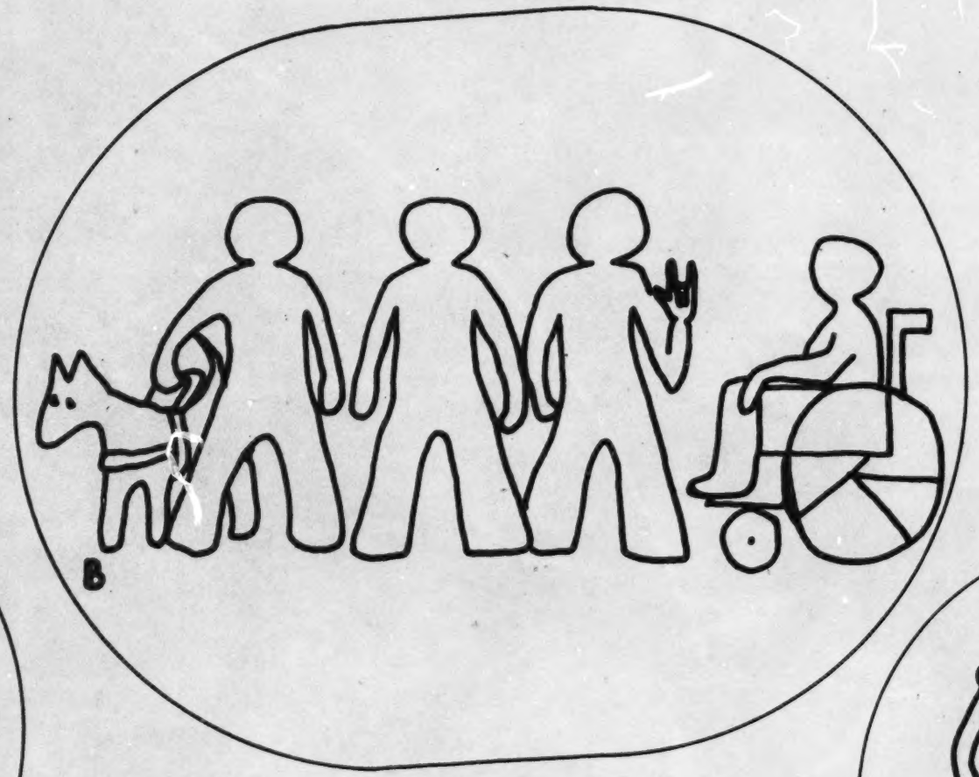
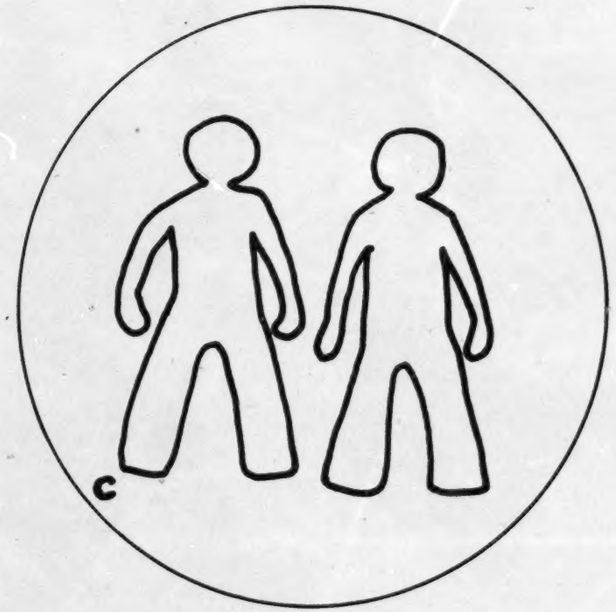
Robert Honkisz, Curriculum Advisor, has the B.S. degree from the University of Illinois. He has worked as a physical education teacher in the elementary grades. His primary responsibilities have been writing project curriculum and lesson plans for grades 7-8.

Karen Madden, Graphic Artist, holds the B.S. degree from Northern Illinois University and the M.S. from Illinois Institute of Technology. She works as an Art Teacher for children between Kindergarten and 8th grade. Her major responsibility for the project involves producing original artwork for program materials.

A.Edward Ahr, Evaluation Consultant, has the B.S. and M.S. degrees from the University of New Mexico and the Ed.D. degree from Loyola University in Chicago. His work experience includes classroom teaching, school psychology, school administration and university teaching. His project responsibilities involve designing assessment techniques, statistical analysis of data and program evaluation.

SCOPE AND SEQUENCE CHART

PROJECT:CHANGE
SCOPE AND SEQUENCE CHART
KINDERGARTEN THROUGH EIGHTH GRADE

STATE BOARD OF EDUCATION DOCUMENT NUMBER ONE	KINDERGARTEN	FIRST GRADE	SECOND GRADE	THIRD GRADE	FOURTH GRADE	FIFTH GRADE	SIXTH GRADE	SEVENTH GRADE	EIGHTH GRADE
HUMAN GROWTH AND DEVELOPMENT	Parts of the Body KS-2-8	Body Part Sense Identification 1S-2-7	Sensory Learning 2S-2-5 Foods to Grow By 2NH-9	Knowledge of Senses 3S-2-7	Physiology of Eye E-2-4 Physiology of the Endocrine System ES-2-5	Physiology of Ear E-4-7 Physiology of the Oral Mechanism OMJ-6	Physiology of Central Nervous System CNS-4-7 Basic Anatomy BAJ-14	Cerebral Function C-2-4	Emotional Growth A-1-3 Self Worth A-4-6 Learning R-4-5
PREVENTION AND CONTROL OF DISEASE	Cleanliness KNH-2-5	Disease Prevention 1NH-3	Foods to Grow By 2NH-9	Skin Disease 3NH-3	Causes and Treatment of Diabetes D-5-11	Ear Care E-2 D-2	Causes and Treatment of Epilepsy E-6-11	Causes of Mental Retardation MR-4	Review of Disabilities and Rehab. R41-46, A27-31 Chronic Diseases H-11
ENVIRONMENT AND HUMAN ECOLOGY	Environment and Individual Differences KID-3 Sounds in the Environment KD4-6	Sense Collage 1S-3 Senses in Environment 1S-4	Learning Through Senses 2S2-3	Knowledge of Senses 3S-4 Mobility Training 3B9,11	Mobility Training for the Blind B-3	Sounds in Environment E-1 Air and Breathing SI2,4	Air and Breathing BA 7,8,11,14	My Environment A-3	Health Careers H7-12 Health Agencies R-25, 30,39,44,52,65,77
CONSUMER HEALTH	Appropriate Clothing KNH-4	Medicine Safety 1NH-6	Correct Foods to Eat 2NH-6,9	Hearing Aids and Devices 3D-8	Visual Aids B5-7 Products and Services for Blind B-4	Products and Services for Hearing Impaired E-3 Employment Limitations for Deaf E-3	Incidence of Epilepsy E-3	Drug Effects MH-8	Health Agencies R-25,30, 39,44,52,65,77 Equipment for Blind R-15
SAFETY EDUCATION AND DISASTER SURVIVAL	Safety for the Blind KB-6	Dangers and Feelings 1ID-9	Safety for the Blind 2B6-7	Good Safety Habits 3NH-2	Blindness Definition Sheet B-5-7	Hazards for the Deaf D-2	Safety for the Epileptic E-4		Hazards for the Blind R-3
MENTAL HEALTH AND ILLNESS	Individual Differences KID2-5 Self Concept of Handicapped KAH 2-8	Needs and Feelings 1ID2-14 Self Concept of Handicapped 1AH-2-9	Self Concept 2ID 3-1-10 Attitudes Toward Handicapped 2AH-2-6	Feelings and Behavior 3ID-2-9 Attitudes Toward Handicapped 3AH-2-5	Feelings, Emotions, and Behavior A-2-4	Individual Differences A2-5 Social Limitations for the Deaf D-2 Effects of Speech Impairment SI-1	Emotional Problems Associated with Handicaps AI-8	Self Concept A2-4 Emotional Problems EP7-13	Self Concept A4-6 Emotional Problems R77-79
PERSONAL HEALTH HABITS	Cleanliness, Sleep, and Exercise KNH 2-5 Brushing Teeth KNH-3	Cleanliness, Sleep, and Exercise 1NH-2-6	Balanced Meals 2NH 2-9	Prevention of Skin Problems 3NH-3	Blindness Definition Sheet B5-7	Ear Care E-1	Daily Medication for Epilepsy E-3		Self Reliance R-2
NUTRITION		Taste Collage 1S-3	Foods to Grow By 2NH-9		Causes and Treatment of Diabetes D5-11	Organs Involved in Chewing OM-1	The Digestive System BA-2,14	Causes of Mental Retardation MR3-5	Insulin and Dietary Treatment for Diabetes R-27-30
DENTAL HEALTH	Brushing Teeth KNH-3	Daily Dental Care 1NH-4	Daily Dental Care 2NH-5		Personal Hygiene for Blind B-3	Physiology of Oral Mechanism OMJ-6 Dental Abnormalities SI6-7	The Digestive System BA3,14		Dental Problems and Speech R-48
HEALTH KNOWLEDGE, ATTITUDES, DECISIONS, AND BEHAVIOR	Attitudes Toward Handicapped KAH 2-8	Attitudes Toward Handicapped 1AH2-9	Acceptance of Handicaps 2Ah 2-6	Attitudes Toward Handicapped 3AH 2-5	Attitudes Toward Blind B-11	Health Survey A-2	Emotional Problems Associated With Handicaps AI-8	Function of the Brain C-4	Attitudes Toward Handicapped A-1-3
DISEASE AND DISORDERS	Blindness VB2-9 Deafness HD2-9 Physical Handicaps KPH2-9	Blindness 1B2-9 Deafness 1D2-10 Physical Handicaps 1PH 2-10	Blindness 2B2-8 Deafness 2D 2-10 Physical Handicaps 2PH 2-8	Blindness 3B 2-11 Deafness 3D 2-13 Physical Handicaps 3PH 3-11	Blindness B5-14 Diabetes D5-11	Speech Defects SI 6-9 Deafness D5-14	Epilepsy E6-11 Physical Handicaps PH6-12	Mental Retardation MR6-10 Learning Disability LD6-1 Behavior Disorders EP7-1	Review of Disabilities R1-79

PROJECT: CHANGE
PRIMARY ATTITUDE SURVEY